

TIMES AND REGISTER.

A Weekly Journal of Medicine and Surgery.

Published under the auspices of the American Medical Press Association.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.

Vol. XXII. No. 10.
Whole No. 652.

NEW YORK AND PHILADELPHIA, MARCH 7, 1891.

{Yearly Subscription \$2.00,
in advance.
Single Numbers 25 cents.

ZENTMAYER'S MICROSCOPES

Are KNOWN the WORLD OVER as the BEST MADE.

MANUFACTURED BY

JOSEPH ZENTMAYER, Optician,

* NO. 309 SOUTH ELEVENTH STREET, PHILADELPHIA, PENNSYLVANIA. *

ALL KINDS OF REPAIRING DONE.

ZENTMAYER'S MODIFIED ABBE CONDENSER.

RYDER'S AUTOMATIC MICROTOME.

CATALOGUE ON APPLICATION.



Microscope representing
No. 55 of Catalogue.

American Student Stand Complete, \$38.00

SOLUBLE
COMPRESSED TABLETS

FOUR CHLORIDES
(University Hospital Pharmacopoeia)

Chloride of Iron, $\frac{1}{4}$ gr. (Representing 4 mds. Tr.
Chlor.), Chloride of Quinia (Murate), 1 gr.,
Chloride of Arsenic, 1-64 gr. (Murate),
Bichloride of Mercury, 1-64 gr.

An Alterative Tonic

USEFUL IN ANEMIA

H. K. MULFORD & CO.

Manufacturing Pharmacists

2132 Market Street
PHILADELPHIA

100

of these

TABLETS

Sent on receipt of

45 cents

Send for Complete List

Mention this Journal

—THE— SEA-SIDE SANITARIUM,

ATLANTIC CITY, N. J.,

Situated on Rhode Island Avenue, opposite United States Government Light House, is now open to receive patients or convalescents. It has all the modern conveniences and good sanitary arrangements, with special care in the preparation of the diet for the sick.

It is open all the year, is well heated, well ventilated, and with abundance of sun-light. Cases of nervous prostration and convalescents can here find all the attention, comforts and attractions of a home, with constant professional supervision; free from restraint and with care and skilful nursing by thoroughly trained nurses that cannot but produce the best results.

The apartments are cheerful and well furnished, and each patient has a private room and quiet seclusion.

No infectious diseases are received, and the number of cases is limited.

The surroundings are attractive, with varied views and walks, offering a pleasant and healthful resort free from malaria.

It is near the ocean, and located in the most retired part of the city, far from the excursion houses, and convenient to railroad stations.

Any communication addressed as above will receive immediate attention from

R. S. WHARTON, M.D.

Ready March 20th.

Obstetrical Don'ts.

—BY—

T. RIDGWAY BARKER, M.D.,

Demonstrator of Obstetrics and Chief of Obstetrical Department in the Medico-Chirurgical College and Hospital, Philadelphia; Gynecologist and Out-Door Obstetrician to the Penn Dispensary.

CLOTH, SEMI-LIMP, 75 CTS.

An invaluable compend—should be in the hands of every physician and student. Send your order at once, and thus secure a copy at the earliest possible moment.

W. APPLETON FERREE,

Medical Book Publisher.

S. E. Cor. 13th and Locust Streets, Philadelphia.



ALL WOOL

ENGLISH

CHEVIOT SUITS,

Made up in Cutaway Coat Style (as shown here)

PRICE, \$20.00.

Those living at a distance should write for samples of material and directions "How to Order by Mail."

ESTABLISHED AT

98 Walnut Street, --- Philadelphia.

245 Broadway, --- New York.

34 Washington Street, --- Boston.

E. O. THOMPSON,

MERCHANT TAILOR, CLOTHIER, IMPORTER,

1338 Chestnut St., Philadelphia.

Practical Electro-Therapeutics.

By William F. Hutchinson, M.D., Providence, R. I.

Dr. Hutchinson has been before the profession so long as a practical writer on electricity that it may be accepted as a fact that this will be the very best book of its kind.

Price, in Cloth, \$1.50, postage prepaid.

PHYSICIANS SUPPLY CO., 218 East 34th Street, New York.

First American from the Fifth English Edition of What to Do in Cases of Poisoning.

By DR. WILLIAM MURRELL, OF LONDON.

EDITED BY FRANK WOODBURY, M.D., OF PHILADELPHIA.

Price, in Cloth, \$1.00, postage prepaid,

PHYSICIANS SUPPLY CO., 218 East 34th Street, New York.

A Manual of the Minor Gynecological Operations and Appliances.

By J. HALLIDAY CROOM, M.D., F.R.C.P.E., F.R.C.S.E., ED.

First American edition from the Second English edition.

Revised and Enlarged; with Twelve Plates and Forty Wood-cuts.

Edited by L. S. McMURTRY, M.D., of Danville, Ky.

The best, most practical, and most useful work on Gynecology ever published.

Price, in Cloth, \$1.50, postage prepaid.

PHYSICIANS SUPPLY CO., 218 East 34th Street, New York.

Notes and Items.

VISITING BOSTONIAN: "Yes, you have a good town here, but you're a long way from the hub."

New Yorker: "That's why things move faster over here."

Chicagoan: "And we in proportion."

"Well, Maggie," asked a teacher of a little girl, "how is it you are so late this morning to school?"

"Please, sir," was the reply "there wis a wee bairn cam' to oor hoose this mornin'."

"Ah," said the teacher, with a smile; "and wasn't your father very pleased with the new baby?"

"No, sir; my father's awa' in Edinburgh, and dinna ken aboot it yet; but it was a guid thing my mither wis at hame; for gin she had been awa', I wadna hae kent what to dae wi' it!"

DR. MASSEY'S PRIVATE SANITARIUM.

Presenting the comforts of an elegant private residence, this institution is specially equipped for the use of electricity and allied remedial measures in the diseases of women and in diseases of the nervous system. For particulars address,

G. BETTON MASSEY, M.D.,
212 S. Fifteenth St., Philadelphia.



Loring's Ophthalmoscope,
Oculists' Test-Cases,
Artificial Eyes,
Clinical Thermometers.

H. W. Hunter, Optician,
1145 Broadway, - New York.

THE CHAMPION TRUSS

Stands at the Head. It Leads. Others Follow.



The Best, Safest and Easiest Truss to Fit and Wear is the **CHAMPION TRUSS.**

Manufacturers of Genuine Hard Rubber and all kinds of Spring and Elastic Trusses, Abdominal Supporters, Elastic Stockings, Shoulder Braces, Suspensory Bandages, and all quarters for Orsathees. Importers and Jobbers of ENGLISH DRESSER CHAMBER MINE.

Philadelphia Truss Co., 610 Locust St. Phila., Pa.

For Sale by all Leading Drug and Surgical Instrument Houses throughout the United States. Price List and Catalogue on application.

PROCTER, APOTHECARY, 1900 Pine Street, PHILADELPHIA. PRESCRIPTIONS.

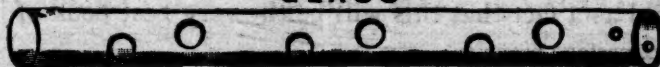
A SPECIALTY FRAMING DIPLOMAS.

E. BENNETT, 4079 Lancaster Ave., Phila.

Refer by permission to the Editors of this Journal. Orders by mail.

ANTISEPTIC DRAINAGE TUBES.

GLASS.



MADE AFTER PATTERNS FURNISHED BY PROF. S. W. GROSS.

These tubes have large holes, one-half inch apart, arranged alternately on opposite sides.

They are carefully finished, especial care being taken to make them smooth.

In addition to the drainage holes each tube has at one end two smaller holes, for the insertion of Safety Pins, through which it is prevented slipping into the wound.

FURNISHED IN SEVEN SIZES.

No. 1, Length 63 mm., Diameter 7 mm., 4 Holes	-	-	-	-	\$1 25 per dozen.
No. 2, " 63 " " 8 " 4 "	-	-	-	-	1 25 "
No. 3, " 76 " " 9 " 5 "	-	-	-	-	1 40 "
No. 4, " 88 " " 9 " 6 "	-	-	-	-	1 55 "
No. 5, " 102 " " 9 " 7 "	-	-	-	-	1 70 "
No. 6, " 114 " " 9 " 8 "	-	-	-	-	1 90 "
No. 7, " 126 " " 10 " 9 "	-	-	-	-	2 10 "

RAW CAT-GUT.

Prof. Gross stated at one of his Surgical Clinics in the Jefferson Medical College Hospital, that he had just completed a series of experiments with cat-guts obtained from different sources; and that the article which I now offer for sale, he considered superior to all others. I put this up in coils of 10 feet, four different sizes, Nos. 1, 2, 3, 4 (four is thickest). Nos. 2 and 3 are the most useful sizes.

No. 1 coil 10 cents; No. 2 coil 12 cents; No. 3 coil 14 cents; No. 4 coil 16 cents.

Full descriptions with each coil for making it absolutely aseptic.

THE VARIOUS INSTRUMENTS AND APPLIANCES DEvised BY DR. R. J. LEVIs kept constantly in stock the original models having been manufactured under the personal direction of Dr. Levis.

Purchasers can rely upon their accuracy.

Special attention given to the fitting up of Hospitals with Operating Tables, Ward Carriages, Instrument Trays, and the different appliances for antiseptic surgery.

WILLIAM SNOWDEN,

Manufacturer, Importer and Exporter of Surgical Instruments,

No. 121 South Eleventh Street, Philadelphia, Pa.

RESTORATIVE WINE OF COCA.

For Nervous Prostration, Brain Exhaustion, Neurasthenia, and all forms of Mental and Physical Debility.

This WINE OF COCA is so prepared that it contains the active principle of the leaves in a perfectly pure form. Moreover, it is absolutely free from all those foreign substances which all other wines of coca contain, and which interfere, to a great extent, with its curative influence. It is well known that the cocaine contained in the coca-leaves varies considerably in its proportion; hence, giving to the wines as ordinarily made uncertain strength, and causing them to be unreliable in their action on the system. In the RESTORATIVE WINE OF COCA the proportion of alkaloid is invariable, and the physician can, therefore, prescribe it with the certainty of obtaining uniform results.

Prof. WM. A. HANNOFF, M.D., says: A wine of this tonic, taken when one is exhausted and worn out, acts as a most excellent restorative; it gives a feeling of rest and relief. I have discarded other wines of coca and need this alone. It produces also excellent results in cases of depression of spirits; in hysteria, headache, and in nervous troubles generally it works admirably. It is a simple remedy, yet efficacious and remarkable in its results.

Dr. Each pill contains the one-sixth of a grain of the Hydrochlorate of Cocaine, two grains of the Sulphate of Quinine, and two grains of Acetanilide.

"Febricide" will be found to be possessed of great curative power in Malarial affections of any kind, and in all inflammatory disease of which Fever is an accompaniment. For Neuralgia, Muscular Pains, and Sick Headache, it is a Specific.

Prof. WM. F. WAUGH, M.D., of Philadelphia, writes: In a case of persistent neuralgic headache, worse on awakening, with a possibility of malaria, "Febricide" gave instant relief.

No. 100 W. 7th STREET, CINCINNATI, O., Nov. 9, 1899.
On November 6th I was called in consultation to see Mr. W., who was suffering from the most violent attack of ASTHMA, the paroxysm so frequent that suffocation seemed only a matter of a little time. We gave him one "FEBRICIDE Pill" and ordered one every two hours; ordered hot mustard foot-bath; his doctor remained with him. I returned per request in seven hours; to my surprise, he was breathing, talking, and, as he informed me, felt first-rate.
DR. D. W. MCCARTHY.

I have used your FEBRICIDE with excellent results in our Mountain Fevers (typhoid), reducing, in one case, the temperature from 104½ with dry brown furrowed tongue in ten hours, to 99½, with tongue cleaning promptly and moist, and rapid improvement dating therefrom. Have used Antipyrene in similar cases with no good results.
ALBERT S. WARNER, M.D.

Containing Sulphate of Soda, Carbonate of Soda, Phosphate of Soda, Chloride of Sodium, Sulphate of Lime, Sulphate of Magnesia, and Carbonate of Lithia. For Habitual Constipation, Rheumatic and Gouty Affections, Biliousness, Colic, Dyspepsia, and all Derangements of the Digestive Tract, it is a wonderful remedy. Does not gripe after administration.

GRAND RAPIDS, MICH., October 3, 1899.
"Febricide Pills" have been used in a case of CHILLS from SEPTIC POISONING and worked to perfection, as they stopped them entirely where ordinary QUININE HAD FAILED. Also kept down the temperature.
O. E. HERRICK, M.D.

Samples will be sent free of charge to any Physician who may wish to examine the same.

HEALTH RESTORATIVE CO., 90 South 5th Ave., New York.



SUPERIOR Electro-Medical Apparatus.

Highest awards wherever exhibited in competition.

SEND FOR Electro-Allopathic Physiology, mailed free if you mention The Times and Register.

ADDRESS,

JEROME KIDDER MFG. CO.,
820 Broadway, N. Y.

Liberal discount to Physicians.

Alcohol and Opium Cases.

Private Apartments in the homes of physicians (but one case in each) with every convenience, and all modern appliances for treatment. Strict privacy guaranteed. Skilled attendance. Address,

WILLIAM F. WAUGH, M. D.,
1726 Arch St., Philadelphia, Pa.

PRIVATE SANITARIUM,

For Medical and Surgical Treatment of Diseases of Women.

DR. E. E. MONTGOMERY,
1818 Arch St., Phila.

I. G. ADAMS. C. J. ADAMS.
Israel G. Adams & Co.,
Real Estate & Insurance Agents
1421 Atlantic Avenue, below Michigan,
Atlantic City, N. J.
TELEPHONE NO. 71. LOCK BOX, 52.

Read the
advertisement
on page ix.

MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.

The Regular Session begins October 1, 1899, and continues until the middle of April. It is preceded by a Preliminary Session of three weeks and followed by a Spring Session lasting until the middle of June.

Books are issued in the order of matriculation, and are forfeitable if fees are not paid before November 1.

Preliminary examination, or equivalent degree and three years graded course, obligatory.

Instruction is given by lectures, recitations, clinical teaching, and practicable demonstrations. In the subjects of Anatomy, Pharmacy, Physiology, Hygiene, Therapeutics, Histology, and Pathology, the usual methods of instruction are largely supplemented by laboratory work.

Examinations are held at the close of each Regular Session upon the studies of that term. Although the degree of Doctor of Medicine is not conferred at the end of the third year, a fourth year is earnestly recommended, at the end of which the degree of Doctor of Medicine can be given.

FEES.—Matriculation, \$5; first and second years, each, \$75; third year (no graduation fee), \$100; fourth year free to those who have attended the Regular Sessions in this school, to all others, \$100. Extra charges only for material used in the laboratories and dissecting-rooms. For further information or announcement address, **E. E. MONTGOMERY, M.D., Secretary, Medico-Chirurgical College, Cherry St., below 15th St., Phila., Pa.**

Exercise not for strength but for health.—Isocrates.

NINTH SEASON.

SANATORY GYMNASIUM—SARGENT SYSTEM,

1420 CHESTNUT STREET, PHILADELPHIA.

TO THE PROFESSION: I shall be glad to take charge of any of your patients, whom you may wish to take physical exercise for the treatment of chronic heart or lung disease, a disordered liver, constipation, dyspepsia, insomnia, chorea, rheumatism, paralysis, spinal curvature, or any acquired physical deformity. Respectfully, **W. A. FORD, M.D.**

REFERENCES BY PERMISSION: **D. HAYES AGNEW, M.D., J. M. DaCosta, M.D., DR. FORT WILLIAMS, M.D.**

THE PHYSICIANS' SUPPLY CO.,

218 EAST 34TH STREET

NEW YORK.

GEO. WHARTON McMULLIN, Manager.

ALCOHOL INSIDE OUT. By Dr. E. Chenery, Boston, Mass. Cloth, Price, \$1.50, postpaid.

ROHRER'S CHART OF DISEASES OF THE EAR. Price, 10 cents each. \$1.00 per 100, in tablets.

SHOEMAKER ON SKIN DISEASES. Cloth, Price, \$5.00.

PURCHASING AGENCY for articles required by the Physician.

AN EXCELLENT URINOMETER. Price, \$1.00.

ON SALE.—Trommer's Physicians' Duplicating Prescription Blanks.

WOOD'S MEDICAL LIBRARY.—A full set of 36 volumes (1879-80-81). Volumes look almost new. Will sell for \$25.

WHAT TO DO IN CASES OF POISONING. By Dr. Wm. Murrell, of London. Edited by Frank Woodbury, M.D. Cloth, Price, \$1.00, postpaid.

PRACTICAL ELECTRO-THERAPEUTICS. By Wm. F. Hutchinson, M.D. Cloth, Price, \$1.50, postpaid.

MANUAL OF GYNECOLOGICAL OPERATIONS. By J. Halliday Croom, M.D., F.R.C.S., Ed. Revised and Enlarged by L. S. McMurry, A.M., M.D. Cloth, Price, \$1.50, postpaid.

A CHEAP FOUNTAIN PEN. Price, 50 cents, postpaid.

A GOOD RELIABLE AND HANDY HYPODERMIC SYRINGE. Price, \$1.50, postpaid.

AN EXCELLENT AND ACCURATE CLINICAL THERMOMETER. Price, \$1.50, postpaid.

ON SALE.—JEROME KIDDER AND BARRETT BATTERIES.

EARTH IN SURGERY (Second Edition). By Addinell Hewson, M.D. Cloth, Price, \$1.00, postpaid.

LESIONS OF THE VAGINA AND PELVIC FLOORS. By E. Hadra, M.D. Cloth, Price, \$1.75, postpaid.

THE DERMATOGRAPH. Price, 25 cents, postpaid.

WANTED.—\$50.00 will be given by regular physician of seven years' practice (three in public and private insane asylums), to person who secures for him a satisfactory position, in or near New York City preferred as assistant in public or private asylum, or as partner or assistant to physician with large practice. Best of reference given and required. Address, "GOVERNMENT PHYSICIAN,"

Physicians Supply Co.

LADIES: New Medical Guide, by Drs. Pancoast and Vanderbeck. Cloth, price, \$2.50 postpaid. A valuable book for every woman.

A PHYSICIAN, who wishes to investigate homoeopathy, desires to exchange for the following books: Arndt's System of Medicine, Ackford's Hand-Book of Homoeopathic Practice, Hughes' Salient Materia Medica or Hahnemann's, Durham's Lectures.

FOR SALE.—An established practice and corner drugstore, in a growing town of 2,000 to 3,000 population, but one other doctor and drugstore; fifteen miles from Philadelphia, on Main Line of R. R. Price for all, including office furniture, \$1,100.00. This is a good chance for a live man. Address PHYSICIANS SUPPLY CO.

THE SELF-LIGHTING POCKET LAMP. Price, 50 cents, postpaid.

WANTED.—A young and energetic physician, who can give satisfactory references as to character and ability, to take the practice of a physician in the Northwest. Practice established eleven years, in a city of 1,500. It is the county seat and a railroad town. Practice at present, \$3,000.00, but it can be increased by a strong and energetic man. No bonus for practice; but it will take about \$2,000 in cash to buy property that must be sold. Satisfactory reasons for selling. Address E. B., care of The Physicians Supply Co.

FOR SALE.—A New "ALLEN SURGICAL PUMP," for \$18; Cost \$25. C. E. Mariette.

FOR SALE OR EXCHANGE.—Complete Oxygen and Nitrogen Peroxid Apparatus for office use—cost over \$100—Price, \$70. Good as new. Also a History of Rome, 6 large volumes, cost about \$100, more than 150 years ago.

Also, one Best Morocco Buggy Case, 142x64x34, containing 4 glass-stoppered bottles, 4 jars, mortar and pestle, tray for scales, and space for instruments. Cost \$21; will sell for \$10. Good as new.

ON SALE.—An "Allen Surgical Pump." Worth \$25 will sell for \$10.

FOR SALE.—A good average one-man practice, village and country, on Branch of P. R. R.; no other doctor; will take \$300 cash for practice and lease of house until July 1, 1893.

MICROSCOPE.—nearly new. Cost \$8.00; will sell for \$5.00. Also lot of physician's instruments, at reduced prices. Phys. Supply Co.

FOR SALE.—A practice of \$1200 to \$1500 (can be greatly increased) in a good railroad town in central Illinois, good country, no opposition good pay. Good, new and desirable property worth \$1000. Price for all, \$1000.

For terms, and reasons for selling, address, C. E. M. Care Physicians Supply Co.

WANTED to purchase good-will of a practice of over \$2,500 a year, in a R. R. Village of 800 to 3,000 inhabitants, New England or Middle States preferred. "Would take charge of a practice for 3 or 4 months." Address, with full particulars, X. L. Care Physicians Supply Co.

PHYSICIAN'S Business and Residence for Sale.—Business established twelve years, one of the finest towns of its size in central Ohio, 30 miles from Columbus, 1,000 inhabitants. High School, two railroads, new two-story house, nine rooms and cellar, modern style, and very convenient; fine large barn, half-acre lot, stone walks to all out-buildings, grass lawn of 1/4 acre.

Price, \$1,875, covered by fire insurance; \$1,000 cash, balance in payments to suit. Best practice in town, but must leave on account of wife's health. Address, TIMES AND REGISTER. (Business \$2,000 per year).

FOR SALE.—Wishing to return to the practice of dentistry, I will sell my practice and good will for \$150.00, to a physician who will buy out my office furniture and stable equipments, including horse, harness, etc., at their actual value. Good practice, established eight years. In community of 2,500 population; with but one other M.D. This is a big bargain. Located in New Jersey, with easy access to Philadelphia, Pa. Address, Physicians Supply Co.

ON SALE.—THE SILVER SPIRIT LAMP. Price, 50 cents.

JOHNSON & JOHNSON'S ANTISEPTIC DRESSINGS on sale.

FOR SALE.—Will sell for \$36.00, the following books—perfectly new, bound in cloth—cost \$46.00: 1 set of Cyclopaedia of Obstetrics and Gynecology, XII vols. (Wm. Wood & Co., Publishers, 1887); 2 vols. (1888 and 1889) of Annual of the Medical Sciences, Salsous, five volumes each, (J. A. Davis, Publisher) Address, G. F. Marner.

WANTED to buy a practice in New England; write, stating particulars and price, to W. M. K., care Physicians Supply Co.

FOR SALE.—Books of a physician lately deceased. Send for circular.

VACCINE VIRUS on sale at regular rates, both Human and Bovine.

MARSHY ON DISEASES OF WOMEN. Price, \$1.50, postpaid.

WALNUT LODGE HOSPITAL

Hartford, Conn.

Organized in 1880 for the special medical treatment of

ALCOHOL AND OPIUM INEBRIATES.

Elegantly situated in the suburbs of the city, with every appointment and appliance for the treatment of this class of cases, including Turkish, Russian, Roman, Saffine and Medicated Baths. Each case comes under the direct personal care of the physician. Experience shows that a large proportion of these cases are curable, and all are benefited by the application of exact hygienic and scientific measures. This institution is founded on the well-recognized fact that Inebriety is a disease, and curable, and all these cases require rest, change of thought and living, in the best surroundings, together with every means known to science and experience to bring about this result. Only a limited number of cases is received and all inquiries should be addressed

T. D. CROTHERS, M.D.,

Sup't Walnut Lodge, Hartford, Conn.

GONORRHOEA

GONORRHOEA, GLEET, and all other urethral diseases, can be most successfully treated by using Soluble Medicated Bougies. A compact little pamphlet of 24 pages, on "THE TREATMENT OF GONORRHOEA AND ITS SEQUELAE," by means of medicated bougies, containing many valuable hints on treatment, will be sent *free*, together with samples of the bougies, to any physician who will mention THE TIMES AND REGISTER, and enclose his business card or letter heading.

Address, **CHARLES L. MITCHELL M.D.**

Manufacturer of Soluble Medicated Gelatine Preparations,
1016 Cherry Street, Philadelphia

Eugene K. Plumly,

211-213 Church St., Philadelphia.

MANUFACTURER OF

PAPER BOXES.

Druggists' and Manufacturing
Chemists' work a Specialty.

COMPLETE MAIL LIST of all the PHYSICIANS in the U.S.

GEO. F. LASHER, PUBLISHER AND PRINTER

1213 and 1215 Filbert Street

Philadelphia, Pa.

WRITE FOR CIRCULAR GIVING FULL PARTICULARS.

Addressed Wrappers size 10 x 10 inches, per 1000 \$1.00

Addressing Envelopes when finished, per 1000 .75

in Book Form, about 5000 names each, per book 1.00

PHYSICIANS send your address on postal card for insertion
to Geo. F. Lasher, 1213-15 Filbert Street, Philadelphia, Pa.

Wampole's Perfected and Tasteless Preparation of Cod-Liver Oil.



Combined with Extract of Malt, Fluid Extract of Wild Cherry Bark and Syrup Hypophosphites Compound (containing Lime, Soda, Potassium, Iron, Manganese, Quinine, and Strychnia).

Containing the curative agents from 25 per cent. Pure Norwegian Cod-Liver Oil. Rendered pleasant and agreeable by the addition of choice Aromatics. For full directions, see circular surrounding bottle.

We invite your attention to the "fac simile" of an Analysis made by Charles M. Cresson, M.D., certifying to the value and efficacy of this Preparation, and which we have printed on the back of our circular.

NUTRITIVE.**TONIC.****STIMULANT.**

Put up in 16-ounce bottles, full measure, \$8.00 per dozen, net.

Put up in 5-pint bottles for convenience in dispensing, and as a regular stock bottle. 5-pint bottles, each \$3.00, net.

Wampole's Concentrated Extract of Malt	per doz.
" Syrup Hypophosphites Compound	\$3.50 per 5-pint bottle.
" Hydriodic Acid	\$8.00 per doz. in lb. bottles.
" Granular Effervescent Salts.	

HENRY K. WAMPOLE & CO.,

(Please mention The Times and Register)

418 ARCH STREET, PHILA.

**REED & CARNRICK WILL NEVER ADD ANY NEW PREPARATIONS TO THEIR LIST
UNLESS THEY POSSESS IMPORTANT POINTS OF SUPERIORITY OVER
THOSE IN USE BY THE MEDICAL PROFESSION FOR SIMILAR PURPOSES.**

WE ARE CONFIDENT that the following preparations for the purposes described are superior to any therapeutic agents known to the Medical Profession, or are presented in more elegant form for administration. We will forward a sample to any Physician without charge.

ZYMOCIDE (ANTISEPSINE)

For **Leucorrhœa, Catarrh** of the nasal organs, stomach or bladder, and **all diseases** of the **mucous surfaces**, or whenever a non-toxic, antiseptic and detergent preparation is required.

PANCROBILIN

For **Intestinal Indigestion, Constipation** and to **increase fatty tissue**. The price of Pancrobilin has been reduced 33 per cent.

CORDIAL ANALEPTINE

For **Rheumatic and Gouty Diathesis** and **excessive Urates**.

CORRIGENT PILLS

For **imparting tone** to the system, **increasing the appetite**, **improving the digestion**, **enhancing the functions of assimilation** and **blood-making**, and removing **malarial** and other **taint** from the blood.

SULPHO-CALCINE

For **dissolving the diphtheritic membrane** and for treating diseases of the mucous surfaces. Valuable in parasitic skin diseases.

LACTO-PREPARATA

For the **feeding of Infants** from **birth** to **six months** of age. The only **All-Milk Food** prepared for Infants.

CARNRICK'S FOOD

For **Children** from **six months** to **fifteen months** of age.

SULPHUR-TARTRATE TABLETS

For **Billousness, Torpid Liver, Skin Diseases, Pimples** and **Imperfect growth** of the **nails** and **hair**.

COD LIVER OIL and MILK

For all purposes where **Cod Liver Oil** is indicated. The most palatable and digestible preparation in the market.

VELVET-SKIN SOAP

For making the skin soft. It is a **perfect Soap** for **Infants** and all **Toilet Purposes**. It is made only from **Vegetable Oils**.

VELVET-SKIN POWDER

For **Infants** and all **Toilet Purposes**. It excels all others in **delicacy** and **fragrance**. Contains no starch or deleterious substances.

Send for pamphlet giving minute formulas and full description of each preparation.

REED & CARNRICK, P. O. BOX 3042, NEW YORK.

THE



KING

OF TABLE WATERS.

Underwood Spring Water

ITS DAILY USE PREVENTS

BRIGHT'S DISEASE,

AND CURES

Dyspepsia, Rheumatism, Gout, Gravel, and Diseases of
the Kidneys and Liver.

Ample evidence of the truth of the claims, *made by the most Eminent Physicians of America*, for the efficacy of the Underwood Spring Water as a remedial agent, will be furnished upon application to the Company.

The Water is for sale by all First-class Druggists and Grocers, put up in

CASES OF 50 QUART BOTTLES.

" " 100 PINT "

Charged with Natural Carbonic Gas or Still.

Specify in ordering—Charged or Still.

THE UNDERWOOD COMPANY,

FALMOUTH FORESIDE, MAINE, U. S. A.



"SANITAS" IS PREPARED BY OXIDISING TERPENE IN THE PRESENCE OF WATER WITH ATMOSPHERIC AIR.

"SANITAS" DISINFECTING FLUID.

An aqueous extract of Air Oxidised Terpene. Its active principles include Soluble Camphor ($C_{15}H_{11}O_2$) Peroxide of Hydrogen and Thymol.

Invaluable to the Physician for Internal or External Application.

"SANITAS" DISINFECTING OIL.

Air Oxidised Terpene. Its active principle is Camphoric Peroxide ($C_{15}H_{11}O_2$) a substance which produces Peroxide of Hydrogen when placed in contact with water or moist surfaces (wounds, mucous membranes and other tissues).

For Fumigations and Inhalations in the Treatment of Throat and Lung Affections the Oil only requires to be evaporated from boiling water.

"Sanitas" is Fragrant, Non-poisonous and does not Stain or Corrode. It is put up in the form of

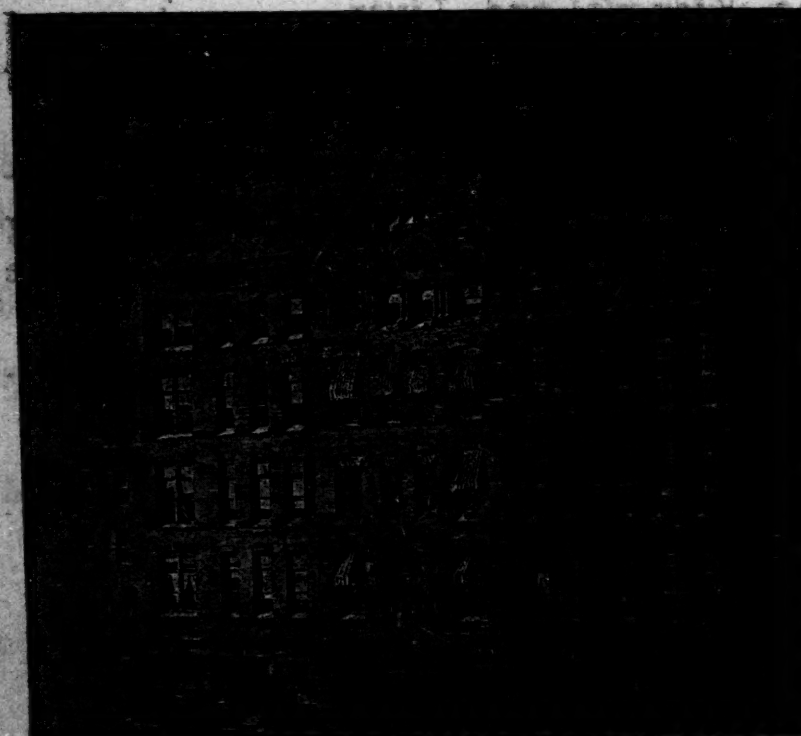
FLUIDS, OIL, POWDERS AND SOAPS.

For Reports by Medical and Chemical Experts, Samples, Prices, etc., apply to the Factory,

636, 638, 640 & 642 West 55th Street,
NEW YORK.

The most complete Medical Dictionary for Physicians and Students is the large 8vo. volume by JOSEPH THOMAS, M.D., LL.D. It embraces the Terminology of Medicine and Kindred Sciences, with their Signification, Etymology, and Pronunciation. The price, bound in cloth, is \$5.00; in sheep, \$6.00. The *Canada Medical Record* says: "For daily use it is superior to any other Medical Dictionary in the language." The work is published by J. B. Lippincott Company, Philadelphia, and is for sale by all booksellers.

The Philadelphia Polyclinic



AND COLLEGE FOR
GRADUATES in MEDICINE

HAS REMOVED TO
Lombard and 18th Sts.,
AND OCCUPIES ITS

**New College and
Hospital Building,**
THE FINEST STRUCTURE OF
THE KIND IN AMERICA.

Practical instruction in limited classes in all branches of Medicine, utilizing its own rich Out-patient Services, its In-door Accommodation of 50 beds, and the best Hospital facilities of Philadelphia.

Six-weeks courses may begin at any time.

For Announcement and full particulars address the Secretary,

ARTHUR W. WATSON, M.D.

The Times and Register.

Vol. XLII, No. 22.

NEW YORK AND PHILADELPHIA, MARCH 7, 1891.

Whole No. 192.

ORIGINAL ARTICLES.	PAGE	BOOK NOTICES.	PAGE	PAGE
PERINEAL VS. SUPRA-PUBIC CYSTOTOMY. By H. O. Walker, M.D., Detroit, Mich.	193	Twelve Lectures on the Structure of the Central Nervous System. Edinger	198	193
PERINEAL AND SUPRA-PUBIC CYSTOTOMY IN THE LIGHT OF LAW. By Clark Bell, Esq.	191	PAMPHLETS	198	193
NEW OPERATION FOR REPAIR OF LACERATED PERINEUM. By Alexander Duke, M.D.	193	THE MEDICAL DIGEST.		
POISSON ON SCREW-WORMS IN THE HUMANS. By R. W. Searcy, M.D., New Orleans, Louisiana	194	Injection for Pilonus. Bodenhamer	199	193
THE POLYCLINIC.		Formula for Iodoform to be Injected in the Cavities. Hays	199	193
JOHNSON MEDICAL COLLEGE HOSPITAL:		For La Grippe. Magruder	199	193
Skin-grafting for Chronic Ulcer of the Leg	194	To Aid Digestion. Hays	199	193
Cut of the Larynx. Sells-Cohen	194	Aristol. Longwood	199	193
Epilepsy. Wilson	194	To Remove the Pigmentations of Freckles. Thy. Ges.	199	193
Infection of the Uterus. Perle	194	Iodide of Iron in Lead Poisoning. Lowland	199	193
Tumor of the Intestinal Wall. Ser	194	Intestinal Antiseptics and Drug Tolerance. Felt	199	193
Cystitis. Perle	195	Elephoraspasm. Albert	199	193
Tumor in the Abdominal Region	195	Treatment of Gastric Ulcer. Scudbury	199	193
Acute Necrosis	195	New Additions to Remedial Agents	199	193
Acute Necrosis. Van Harlingen	195	Chloral as a Coagulant. Ste	199	193
JOHNSON MEDICAL COLLEGE:		Worldly Wisdom. Med. World	199	193
Gonorrheal Neutrophilia. Meyer	195	A New Method of Dressing the Chest in Pneumonia, Pleurisy, Pleurodynia, etc. Hunt	199	193
EDITORIALS.		Intrabronchial Injections in Pulmonary Phthisis. Moxon	199	193
HOWARD KIDNEY	195	Fluorocerin. Smith	199	193
ANNOTATIONS.		Dermatitis Gangrenosa Complicating Varicella. Roberts	199	193
Cases of Influenza	195	Treatment of Diphtheria. Van Wyck	199	193
John McKinstry	195			

Original Articles.

PERINEAL VS. SUPRA-PUBIC CYSTOTOMY.

By H. O. WALKER, M.D.,
DETROIT, MICH.

IN the choice of method of operation we should be governed, first, as to its safety; second, as to its simplicity of performance; third, as to its rapidity of result; fourth, as to its general applicability in the majority of cases. It is my purpose in this paper to present briefly my views concerning the two methods of entrance into the urinary bladder, viz.: Perineal cystotomy and supra-pubic cystotomy.

An all-wise Providence evidently intended that the bladder should be emptied from its most dependent point.

Our fathers in surgery, guided by this idea, followed it out by attacking the bladder through the perineum for the relief of disease, foreign bodies, or obstruction.

One Pierre Franco, in 1556, from force of circumstance, entered the tenement from above. Others at long intervals did likewise; but all condemned the procedure, largely on account of its high mortality, until Garson and Peterson demonstrated by distention of the rectum the easier approach to the bladder by the recto-sita.

Since the revival of this method, the medical press has been with fulsome praise of its brilliant results by many advocates, while few have had the temerity

to say aught, against the tidal wave of opinion, in its behalf.

I am aware that I am in the presence of gentlemen distinguished in this department of surgery who do not agree with my views.

It may seem to you presumptuous on my part to offer counsel from my limited experience, having operated upon but five cases, with but one recovery, and by your indulgence I will report them.

CASE I.—J. B., aged fifty years, first came under my observation in June, 1887, for severe hemorrhage from the bladder, with a history of the trouble of this viscous of three or four months' standing. His previous history was good, with the exception that eight years ago, by a falling trip-hammer, his left arm was severely crushed, which I removed just below the shoulder joint. The hemorrhage was controlled by large doses of ergot. Blood was always present in his urine after this, with evidences of more or less cystitis. The microscope never revealed anything further, but from exploration of the bladder with a searcher I had no doubt about the presence of a growth. Medication and irrigation were of no avail in abating his symptoms. November 25, 1887, as he was gradually failing, he consented that I should operate upon him. At this time reports by various operators were made in the journals, extolling the excellence of the supra-pubic method, especially for the removal of tumors of the bladder. I, therefore, concluded that this was a suitable case for its trial. He entered St. Mary's Hospital, November 28, 1887. December 2, having undergone thorough antiseptic preparation, I made the operation. As I did not have the rubber colpeurynter, I used a soft rubber ice-bag tied on a No. 16 English catheter, and dis-

A paper read before the Mississippi Valley Medical Association, October 9, 1890.

tended the rectum with ten ounces of warm water, also injecting eight ounces of boric acid solution into the bladder. The incision was about three and one-half inches in length, in the median line to the symphysis and down to the prevesical fat, which was pushed aside and torn with the finger-nail. The bladder was then seized with two tenacula, and a longitudinal incision made between them. As soon as the boric acid solution had emptied itself, there was no difficulty in feeling a tumor projecting on each side and behind the vesical outlet, having its origin from the prostate, although previously I had not been able to recognize any enlargement of the gland by digital examination of the rectum. The tumor was removed piecemeal with the curette altogether, probably the size of a small egg; it proved to be an epithelioma. The bleeding was profuse, but controlled by a hot boric acid solution. A drainage-tube was introduced, and the bladder sutured with cat-gut, while the abdominal wound was closed with several interrupted sutures of silk. The drainage-tube was of sufficient length to empty into a vessel containing twenty per cent. solution of carbolic acid. December 3, patient passed a restless night, with evident dribbling of urine alongside of the tube. December 4, condition the same, with a temperature of 100°. December 5, temperature 101°; constant escape of urine from the wound, with suppuration along the course of sutures. He gradually grew worse, with a varying temperature of 100° to 104°, until he died December 28. The wound never closed, and the whole lower portion of the abdomen, together with the scrotum, was excoriated as a result of the constant presence of urine. His condition was pitiable, especially the last two weeks that he lived, although extra effort was made to keep him dry with frequently renewed dressings. A post-mortem was not permitted.

CASE II.—A. L., Bohemian, aged thirty-seven years, first came under my care May 1, 1888, with a history of previous gonorrhoeas, and an operation for a stricture in the deep urethra by external perineal urethrotomy, two years before coming to see me. He had a marked chronic cystitis, without evidence of any complication of the kidneys. It was quite evident from his history that he had at the time of the urethrotomy a cystitis which had never gotten well. Although you have observed that my first experience was disastrous, yet, in view of accumulative authority, I again decided to venture the attempt of another supra-pubic cystotomy, as this was certainly a proper case for this method. The operation was accordingly made June 2, after the manner of the case just described. He did fairly well for ten days, although suffering severely from the presence of the tube, when it was withdrawn, and the wound kept open by the daily introduction of a catheter. From this time on he gradually grew worse, and died July 10, evidently by the extension of the disease to the pelvis of the kidney, and possibly the kidneys themselves, yet I was unable to verify this, from the fact that I was out of the city at the time, and no autopsy was made.

CASE III.—M. H., aged seventy years, had been a sufferer for over fifteen years from mechanical obstruction of the urine. Saw him for the first time in October, 1888; his prostate was enormously enlarged, and he had all the symptoms common in such cases. Did not see him again until February 6, 1889, in consultation with Dr. Longyear, of Detroit. At this time he was suffering severely from a frequent desire to avoid his urine. The microscope revealed large

quantities of pus, some blood, and epithelial cells, and, from shreds of tissue that he passed, I found them to be portions of a sarcomatous growth. I explained to him the possibilities of a supra-pubic cystotomy, to which he consented. I made the operation February 18, 1889. The colpeurynter was distended with about six ounces of water, and that with difficulty. The bladder I found to be of small capacity, holding but a little more than two ounces of boric acid solution. In cutting through the bladder it gave the impression as if cutting through cartilage. Introducing my finger I perceived that the most of the bladder was infiltrated with the growth, undoubtedly having its origin from the prostate. It was so extensive in character that I did not attempt even to remove any portion of it. A drainage-tube was introduced, through which urine continued to flow until his death, which occurred March 15, 1889. He died from exhaustion, the natural result of the disease, and not in my opinion hastened in the least by the operation.

CASE IV.—N. B., aged fifty-nine years, a fairly healthy farmer, consulted me, March 14, 1889, for obstruction of urinary flow, necessitating the frequent use of a catheter. Examination revealed a very large prostate, an immense residuum of urine, and a considerable cystitis. He was very desirous that something should be done in the way of an operation, as he had been more or less of a sufferer for five years. Dr. Hunter McGuire's report of excellent results following supra-pubic drainage for the relief of enlarged prostate, encouraged me to make another trial. The patient entered Harper Hospital, March 21, 1889, and was operated upon March 23. For two days he did well, with the exception of constant severe pain and the usual excoriation from the overflowing urine. On the third day he developed a peritonitis, although I am certain that no injury was done the peritoneum at the time of the operation. His condition gradually became worse, and he died March 30. Unfortunately, the friends objected to an autopsy.

CASE V.—A. S., German, aged seventeen years, small for his age, was sent to me by Dr. D. Inglis, January 8, 1890, with a history of painful micturition dating back since he was two years of age. Examination with a searcher revealed a large and hard calculus. Although my previous record was bad, and this seemed a favorable case, I decided to again try the supra-pubic method. He was sent to Harper Hospital, and on January 10 I operated. The usual antiseptic precautions were observed, both preparatory and immediate. He was chloroformed and the rubber colpeurynter introduced into the rectum, and filled with six ounces of warm water, and immediately distending the bladder with an equal quantity of boric acid solution. This amount of fluid was sufficient to indicate the presence of the bladder above the symphysis. The further steps of the operation were similar to the preceding cases, somewhat tedious on account of hemorrhage, and a mulberry calculus was removed, weighing 320 grains. The incision in the bladder was carefully closed with interrupted cat-gut sutures and the integument coapted with three deep silk sutures, leaving an opening below for a small drainage tube, the ordinary antiseptic dressings were applied and a rubber catheter introduced through the urethra into the bladder for draining off the urine. January 11, during the night, owing to the painful presence of the catheter, the patient pulled it out, and it was quite apparent that the urine was forcing its way through and alongside of the drainage tube in the wound, showing that it had failed to completely

the bladder. The catheter was again introduced, but its presence was so painful that it had to be removed, and, in spite of all that could be done, the urine continued to flow through the wound. January 21. For the last twenty-four hours the temperature ranged from 100° to 102°, indicating that although we had made extra precautions for thorough antisepsis, it was evident that our patient was suffering from septic infection. I mention this fact for the reason that several operators speak of the beauties of healthy urine as an antiseptic, to my mind a delusion that should not ensnare any operator, whether his operation is supra-pubic or perineal. From this time until January 18, the temperature varied from normal to 102°. The whole of the lower portion of the abdomen and scrotum was excoriated, although extra care was taken to keep him clean, yet the parts were constantly wet with urine. January 23, the wound was sufficiently closed, so that the entire urine passed through the urethra. January 29, he left the hospital, wound completely healed, and able to retain his urine for three or four hours.

The perineal method of reaching the bladder is the oldest known to us, although numerous modifications have been made since the hap-hazard "cut on the gripe" for stone was first done. For the removal of stone, litholapaxy undoubtedly stands pre-eminent, and can be done upon subjects from three years of age upwards; yet there are numerous restrictions to this method, such as stricture of the urethra, large-sized stone, an enormous prostate, etc. There can be no question, when cutting has to be done, that the medio-bilateral method presents the best advantages, and I can no better illustrate what I wish to say than by quoting the conclusions of Dr. W. T. Briggs, President of the American Medical Association, in his paper: "The Choice of Operations for the Removal of Vesical Calculi in the Male." 1. That it opens up the shortest and most direct route to the bladder. 2. It divides parts of the least importance. 3. It is almost a bloodless operation. 4. It affords a passage for the removal of any calculus which can safely be removed through the perineum, and is the best route for free drainage. 5. It reduces the death-rate to a minimum.

The treatment of enlarged prostates with cystitis is equally efficacious by the perineal section and drainage, in behalf of which I will report the following case, one of many that I have treated in this manner:

O. P., aged seventy-four years, with a history of prostatic enlargement for twenty years, came under my observation January 7, 1890, through the kindness of Dr. C. Raynale, of Birmingham, Mich. Until about a year previous, he had been able to relieve himself with a catheter, and since that time the desire to void urine had been almost constant, rarely holding it more than an hour. I explained to him the possibilities of a perineal section, and, after mature deliberation on his part, he consented, and I operated January 10, 1890. The principles of modern surgery were religiously observed. After dividing the urethra as far as the prostate, I discovered an unusual median projection, which I divided down to the floor of the prostate. The bladder was thoroughly irrigated with a 1 to 10,000 bi-chloride solution. For a drainage I used a 16 common English catheter with about six feet of rubber tubing attached to an abdominal band, care being taken not to permit the point of the catheter to touch the fundus of the bladder; this can be prevented by placing next to the perineum two or three thicknesses of gauze, and then tying the thread guys down to it on the catheter, over which the other dress-

ings are then applied. It is not necessary to remove the dressings for several days, until all danger of sepsis is passed. The tube should be conducted into a vessel containing an antiseptic solution. On the first night following the operation he slept for nine hours, something he had not done for years. The bladder was washed out daily with a boric acid solution through the drainage tube. For the first ten days he remained in bed, after that he was permitted to sit up and take an occasional walk. During March he had an attack of grippe, to which he nearly succumbed. July 15, he came to my office, informing me that he had just returned from presiding over a two days' session of the Michigan Pioneer Society. He still wears a rubber tube which he keeps closed by a wooden plug, removing it every four or five hours whenever he wishes to empty his bladder. I was of the opinion, and so informed him, that it was unnecessary to longer wear it, but as he had such comfort since its use, he refused to dispense with it. It is undoubtedly true that by the supra-pubic section we are better able to observe a tumor of the bladder, yet it is quite possible with a searcher to recognize with reasonable accuracy the location and size, if more is needed we can resort to the cystoscope. Further, I see no reason why it is not as easily removed through the perineum as by the high section.

In looking up the literature at my command upon supra-pubic operations since 1883, I find in the record of between three and four hundred operations an average mortality of thirty per cent. A few operators have had a series of cases ranging from three to ten without a death. The most remarkable record in this respect is that of the distinguished surgeon Dr. Hunter McGuire: twenty-one operations with but a single death. When, however, we compare the many thousand operations, by the perineal method, of different collectors, and find a mortality of but five, six, and seven per cent., rarely ever going beyond nine per cent., I must go back to my original propositions and conclude: 1. That it is a safer operation. 2. That it is a simpler operation. 3. That it is more rapid in its results. 4. That it is adapted to more cases than that of supra-pubic cystotomy.

NATIONAL AND STATE CHEMISTS IN THE COURTS OF LAW.

By CLARK BELL, Esq.,

President of the Medico-Legal Society of New York.

CHEMISTRY.

CHEMISTRY stands as a base, as a foundation and corner-stone, for nearly all science; on it rests most of the scientific research of our era.

In medicine it lies at the very root. A chemist need not be, and the great chemist doubtless ought not to be, a physician. But no physician should dare to enter even the portals of the temple of medicine, without bathing in the waters and acquiring the mysteries of chemistry.

Chemistry seems to my eyes to be not unlike the angel who rolled the stone away from the sepulchre two thousand years ago, revealing those mysteries which the faithful see in the resurrection, and opening the door and way for the light to come forth.

Chemistry is the prolific mother of all the world's wealth. The earth is her treasure house, the sea her hand-maiden; the air and fire are her willing servants, who come at her beck and go at her nod.

¹ Read before the American Chemical Society, December 31, 1890, at Philadelphia. From advance sheets of *Medico-Legal Journal*.

Steam and heat are only too happy to bear her burdens, and light and electricity are her swift-winged messengers. Her students and votaries live in that charmed life and atmosphere in which she envelopes her mysteries.

To her there is nothing new, but she withdraws the veil which obscures human vision in our century, to her favorites, little by little, as to secrets that she may have blazoned at noonday, in the prehistoric times, to the priests, who then kept up the sacred fires upon the altars within her temples.

To-day she tells us by the spectroscope of the organic constitution of the sun, and speculates upon the gases, and incomparable heat of fires at the center of our solar system, which we see reflected in the organism of the myriads of the fixed stars.

She is greater than fortune, for all the known gems of the world do not equal the contents of a single cabinet, in any one of thousands of apartments in her treasure house.

She has unfolded to our era many of her old truths, which touch on the life, health, and happiness of mankind, and which lie underneath all the commerce, the industries and the arts of the world, and touch on every side the civilization of the age.

She holds the key to all the chambers of knowledge, now sealed to our vision, and it is to her we look, within the next century, for the advancing steps of a higher civilization, depending upon her caprice as to how much farther she may put aside that impenetrable curtain which conceals and hides the unknown and unattainable.

When she speaks as a witness in the tribunals, where life and death and character are in the balance, she is always voiceless, unless absolutely infallible.

If she does not demonstrate beyond question, or cavil, or doubt, she should be silent.

The light from her lamp must be clear, certain, unerring, true, exact, and unquestionable.

She deals not in suspicion, not in conjecture. If in doubt, her evidence must not be taken, nor her voice heard.

If the poison is found, if the analysis detect it, if all proper precautions are taken and the facts remain, then her voice is inexorable because it is truth. It is the voice of nature, the voice of the Infinite.

This highest evidence, this light which science throws upon the labors of the courts, in the administration of justice, deserves in our States that careful recognition which exists in many other countries of the world.

We need such a man at the service of the nation as Dr. Thomas Stevenson is to the Government of Great Britain, who succeeds that eminent man, Dr. R. Swayne Taylor.

We need such a man here as Brouardel is to France, and as the great Orfila was to his own country.

Such a laboratory at Washington, with one of our best chemists at its head, would advance the study of the science incomparably beyond our present ideas and plans.

It would be the center of all the schools, for the study of the science, both at the national Capital and in the States, worthy the nation, and worthy the science.

The administration of justice in criminal trials, notably in cases of alleged or suspected poisoning, deserves the thoughtful attention of jurists, publicists, and legislators.

The duty lies upon every human government organized for the full protection of society, to take every step in its power as well to trace and detect the pris-

oner, as to defend the innocent unjustly accused or suspected.

So far as human punishments go, there is nothing the guilty can suffer, short of actual death, more terrible than that which the innocent endure, who rest through life under the general and apparently well-grounded suspicion and belief of guilt.

The problem in these cases usually is: Was poison administered by the accused? And all will agree with the wisdom of the legal maxim, "better ten guilty ones escape than one innocent suffer."

Cruel as is the fate of the innocent unjustly accused, wrongfully suspected, and resting through life under the suspicion of guilt, it does not touch upon the borders even of that terrible despair endured by the innocent one wrongfully committed and condemned who suffers the extreme penalty of the law.

In a government like that of the United States of America, composed of several States, united as a whole, where the State authorities assume the responsibility for all cases, except such as belong exclusively to the jurisdiction of the general Government, the responsibility is divided between Congress (whose duty is clear in cases within the national jurisdiction as to the trial and punishment of offenders under and against the laws of the nation) and the legislatures of the States, for offences committed against State laws.

The American Union, however, is the guardian, protector, and foster-mother of all the people of all the States, and has the power, the right, and should be quick to assume the duty, of enhancing the public good, even though the effects and beneficial results fell mainly on the poor, the wretched and lowly.

Every criminal judge, prosecuting attorney, and more especially every counsel for the prisoner, in this class of cases, acutely feels the great public need of skilled and competent chemical advice in such cases—advice based upon the most careful analysis, the most critical and crucial tests, with the aid of every appliance known to chemical science.

Every consideration binds our judgment to the decision that this advice should be unbiased, impartial, clear, able, and convincing.

The accused, if poor, are absolutely powerless, under our system, to obtain this evidence.

The Government, if bound to protect the innocent, has taken no steps to discharge this obligation.

The duty of providing a national chemist is too plain to be even challenged. It cannot for one moment be denied.

The only question is, or should be, how can Congress for the nation, and the legislature for the States, best meet this issue and discharge this obligation?

The cost of a careful and elaborate chemical analysis in a poisoning case, where the accused is poor and friendless, is so great that our present system is a practical miscarriage of or denial of justice, when the poor, though innocent, stand accused.

We submit that the plain duty of Congress is to create and designate a public official, to be called the chemist of the nation, whose duty shall be, by his oath of office, to conduct all such investigations, as a careful searcher after the truth, as well for the accused as for the people.

The salary should, of course, be sufficient to command the highest talent in the nation, and the laboratory should be so equipped as to reflect credit on our Government, for its completeness, in every respect, known to the student of chemistry or in contrast with any laboratory in the world.

For the States, it is on too low a plane to discuss such a question as this in its relation to the whole people of a State, and to oppose such a measure in a State upon the only possible foreseen ground, that of its cost.

If any State in the American Union is so small, or so poor, as gravely to weigh the cost against public honor and duty, it should consider how it could meet its obligation, by obtaining the aid of a sister State by suitable legislation.

A select committee of the Medico-Legal Society has been considering the subject of recommendations I had the honor to make to that body, and I ask the co-operation of the national association of the chemists of America in a movement so intimately connected with the honor and dignity of the profession you represent and so closely connected with the rights and protection of the people of this country.

REPORT OF THE STANDING COMMITTEE ON NATIONAL AND STATE CHEMISTS.¹

To the Medico-Legal Society—Gentlemen :

The standing committee to whom was referred the recommendations of the President, Mr. Clark Bell, in his inaugural address to the Society, pronounced January, 1887, and subsequently renewed by him at various times, regarding the appointment of a national chemist by the Government of the United States, to be placed at the service of the Government and accused persons in all criminal trials, and for similar action in the States, beg leave to submit the following report :

That we have carefully considered the matter in all its aspects, and the present methods of procuring suitable chemical evidence in criminal trials, both in the State and national courts, and we recommend to the Society the adoption of the following resolutions, which we recommend that the Society submit to the Congress of the United States and the State Legislatures.

Resolved, That the creation of an official, to be known as the National Chemist, in the service of the Government, with a salary sufficient to command the highest available talent, and the establishment of a thoroughly equipped laboratory, which should be at the disposal of the Government or persons accused of crime, or of the State authorities, under suitable regulations, would be a measure that would reflect credit upon the nation, greatly assist the authorities in the administration of justice, and elevate the character and standing of expert testimony in the courts.

Resolved, That the best interests of the people of the various States of the Union would be greatly subserved by creating in each State an official to be known as the State Chemist, with sufficient salary to insure high skill in the discharge of official duty, and by establishing a competent and thoroughly equipped chemical laboratory.

That it be the duty of the State Chemist to act as well for the State and public authorities, as for all accused persons in all criminal trials, at the expense of the State.

All of which is respectfully submitted.

Dated New York, December, 1890.

VICTOR C. VAUGHAN, PH.D., *Chairman*.

H. A. MOTT, JR., PH.D., LL.D.,

Analytical Chemist.

GEO. B. MILLER, M.D.,

CLARK BELL, *President*

Medico-Legal Society, ex-officio.

¹This report was approved and adopted by the Medico-Legal Society unanimously on January 14, 1891.

NEW OPERATION FOR REPAIR OF LACERATED PERINEUM.

By ALEXANDER DUKE, F.C.P.L.,

Gynecologist Steven's Hospital, Ex-Assistant Physician Rotunda Hospital, etc.

I WISH to bring before the notice of my gynecological brethren an operation I have designed for the restoration of a lacerated perineum, easy of performance, and which will, when properly executed, form a good perineal floor, and I might almost say practically a new perineal body. The patient, having been prepared by the usual preliminary steps required for the old operation when under the influence of an anæsthetic, is placed in the lithotomy position, the left index finger being introduced almost its entire length into the rectum; a long, straight double-edged bistoury is made to pierce the tissues *in front of the anus at right angles to the vulva*, and, guided by the finger in the rectum, is made to penetrate the septum for two and a half inches upward, the incision being enlarged laterally to two inches as the knife is withdrawn.

The patient is then turned on her side, and on the points of incision being pressed together, a lozenge-shaped opening will be seen, and, when all sutures required have been introduced and are properly adjusted and approximated, the two cut surfaces are brought into direct apposition. The sutures are introduced by a strong curve-shaped needle with eye near point, mounted on a handle, strong silver wire being the suture preferred.

The needle is introduced at edge of incision, and guided by a finger in the rectum, is made to travel *under* the cut surface to its full depth above, describing the arc of a circle; and, on point of needle appearing *directly opposite*, it is threaded with suture and drawn through. On the ends of this suture being drawn together with the fingers, a good idea can be formed of how many additional stitches may be required. When all considered necessary have been inserted and approximated, a finger of each hand passed into rectum and vagina will at once recognize the gain in thickness of septum, the external tissue being pushed fully an inch forward from anus, and forming a thick and solid perineal body.

The incision being a deep one, on union taking place between the raw surfaces, a considerable amount of support must be afforded in cases where a pessary is required, or where there is much tendency to prolapse of uterus or vaginal walls. My experience of the operation, though up to the present limited, has satisfied me with the results, and there being *no loss of tissue whatever*, should the operation fail, it cannot add any difficulty to a subsequent one.

Even should the perineum be lacerated to verge of anus, what I describe can be done. I find that leaving the sutures for ten days is generally sufficient, but if I am in doubt as to the union being strong, I cut the wire, but leave it in situ for a day or two longer, thus affording some support, and relieving the strain on the edge of suture holes, and I also support the parts by long strips of adhesive plaster carried from hip to hip over new perineum.

The wire should be stout and not too tightly twisted. My friend, Dr. More Madden, has kindly given my operation a trial, and was much pleased with the results, especially in one of his cases where the old plan of operation had been tried previously, but failed, owing to the patient's poor state of health and want of healing power. The advantages of my plan of operation are briefly these :

1. The simplest of performance as yet proposed, no

danger of hemorrhage, the surface when dry being brought together.

2. No danger of sepsis, as the incision is not open for the admission of any discharge from either vagina or rectum during healing process.

3. No loss of tissue, and consequently no harm done should the operation fail.

MAGGOTS OR SCREW-WORMS IN THE HUMAN NOSE.

By R. W. SEARY, M.D.,
BURNETTE, LOUISIANA.

ON August 8, 1890, I was called to see an aged negro woman who complained of a severe headache, especially in the forehead. I prescribed for her, and for several days afterward she said that she felt entirely well. On August 20 afterwards I was called again to see her, because of hemorrhage from the nostril. I prescribed astringents, which stopped the flow for some hours, when it would recur again. The flow continued at intervals until the 22d, when I was shown in the evening some ordinary maggots or screw-worms, which I was told had been blown from her nose. I at once began to use washes of different kinds to get rid of the pests. No worms were gotten out by the first wash; but after using several kinds of washes next day one or two passed out in the water. They would crawl out, and be coughed or sneezed out, mostly at night. About the 25th I had a consultation with another doctor, and we plugged the posterior nares, and then with a large household syringe injected a quart of medicated water, allowing as much of it to be retained at one time as possible. The next day I found the right side of the right nostril swollen, and the skin had a swollen, shining appearance, as if there was something beneath it separating it from the deeper-seated structures, and pushing it out. On the 27th I could see this shining smooth skin moved up and down frequently, and a small opening with the head of a maggot in it. I at once made a large opening, and extracted sixty-two large full-grown maggots or screw-worms, counting them as they were extracted. There were some removed from an inch beyond the projecting portion of the nasal bone. I removed as many as I could reach by a small instrument inserted under and around the bone. I used medicated washes four times daily, and gave opiates to mitigate the excruciating pain, and insisted on the frequent giving of nourishing food.

About September 2 there passed several maggots of a dark reddish form, as though they were going into a stage of chrysalis. The first maggots passed out were small, and of a whitish color; later they were much larger and of a reddish color; later still several of a dark red or brown color were passed, and then they ceased to be extracted. The pests were sneezed out, coughed up, and passed by the bowels, and about two hundred in number. There was a low, protracted fever for some weeks, after which the patient recovered more rapidly, and for three weeks past has been able to perform most of her usual work. Carbolic acid, corrosive sublimate, sulphur and turpentine, are amongst the most valued washes. Have found that by extracting as many as possible, then injecting turpentine and carbolic acid and using sulphur ointment they can be cured in horses and other animals. These worms were most probably caused by a fly depositing its eggs, and these eggs or maggots if not removed or killed would continue their species until they killed the animal in which found. They have injured many animals in East Carroll Parish, and may infect any part of the body.

The Polyclinic.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

THE case of skin-grafting for chronic ulcer of the leg, previously reported in this journal, was again presented to the class, to show the good results from this plan of treatment. The grafts had all "taken" nicely, and the reparative process was going on rapidly. The whole surface was washed again, with a sterilized salt solution, and an antiseptic dressing applied.

Dr. Solis-Cohen presented a case at the clinic. The patient, a woman, had observed a lump on the right side of her neck, which had been gradually increasing in size; she also complained of hoarseness. Dr. Cohen said at first sight it might be taken for an enlarged thyroid gland, but on close examination it was observed to be situated higher up on the neck, and more to one side than the thyroid gland. He rather held to the opinion that it was a cyst of the larynx, and the hoarseness of which the patient complained was due to a reflex trouble from pressure of the cyst on the recurrent laryngeal nerve. For the hoarseness the patient was ordered:

R.—Tr. benzoini comp.,
Tr. opii camphorat.....āā ʒss.
Aque ferv.....q. s.

M.—S. To be used as a gargle.

And a 50 per cent. ammoniated ichthyol ointment to be thoroughly rubbed into the tumor.

Dr. J. C. Wilson recently presented a case to the class; the history was as follows: The patient had had several chills, followed by a tingling sensation and swelling on the right side of the face, attended with a peculiar rash or redness of the skin. The patient had a slight fever. It might also be stated that the swelling was particularly noticeable about the eye, the eye being partly closed. Evidently the nature of the malady was that of *erysipelas*, and was treated accordingly:

A simple ointment of the oxide of zinc in an eighth part of the oil of sweet almond, as an external application; and internally:

R.—Misturæ ferri et ammonii acetatis.
S. A dessertspoonful four times daily.

Also as a local application:

R.—Acidi carbolici.....gtt.j.
Aque.....ʒj.

M.—S. Applied to the affected part.

Prof. Parvin, in lecturing on inversion of the uterus, said the difficulty in replacing the uterus by pushing up the fundus first was that you had four thicknesses of the uterus to get through the point of constriction. He advised, by lateral manipulation, to push up that part first which came out last. Replacement can frequently be effected with White's uterine repositors.

Dr. Rex recently presented a case at the clinic, giving the following history: The patient, a child three years of age, was brought to the clinic to be treated for enlarged abdomen. The trouble had existed for eight months. There was extreme constipation—it was only when some purgative medicine was given that an evacuation of the bowels could be produced—the abdomen was uniformly distended, and gave tympanitic resonance on percussion, especially on the line of the colon and at the sigmoid flexure

while, if it were a case of ascites, there would be dullness at the flanks and tympanitic resonance above, owing to the floating of the intestines above the fluid. A diagnosis was made of atony of the intestinal walls. The following treatment was prescribed:

R.—Ext. ergotæ fl. gtt. iij.
Tinct. belladonnæ gtt. j.
Syr. zingiberis f3j.

M.—S. Given three times a day.

The belladonna to be gradually increased until its physiological effects are produced. The patient was also to have a cold douche applied to the abdomen every morning, for the purpose of causing contractions in the muscular walls of the intestines by the shock thus produced.

Prof. Parvin, in treating a case of vaginismus, advised the use of dilators for an hour or two each day, the parts first to be anæsthetized by the application of cocaine.

A case was presented at the clinic giving the following history: One year ago the patient received an injury in the abdominal region, and now complains of distressing feelings in the epigastrium; occasionally vomiting blood; poor appetite; bowels constipated; clay-colored stools; has had several attacks of jaundice; patient had had "chills and fever;" the urine was normal; tongue large and flabby, showing the marks of the teeth. The liver dullness was markedly increased, thus showing great enlargement; hard, irregular masses were felt over its surface; there was no tenderness on pressure; the patient was put on small doses of Fowler's solution, with frequent blistering over the liver, and:

R.—Liq. iodi comp. gtt. iij.
S. Three times daily.

In a case of aortic stenosis, the patient giving a history of having had rheumatism, the following treatment was advised:

R.—Liq. potassii gtt. x.
Tinct. verat. viridis gtt. x.
Syr. zingiberis f3ss.
Aque q. s. ad f3j.

M.—S. A teaspoonful ter die.

In a case of acne rosacea, Dr. Van Harlingen recommended the following as a local application:

R.—Sulphuris f3j.
Pulv. camphoræ gr. xv.
Pulv. tragacanthæ gr. x.
Aque calcis,
Aque rosæ āā f3j.

M.—S. Apply to the affected parts.

MEDICO-CHIRURGICAL COLLEGE.

CONJUNCTIVITIS NEONATORUM.¹

AN inflammation of the conjunctiva of new-born babes is caused by contact with the acrid secretions of the vagina, in the course of delivery, by dirty surroundings and by other causes.

The disease begins with an excess of tears; the child begins to fear light, and in a few days these symptoms are followed by a creamy discharge, which is like soft pus. The lids become very much swollen, puffy and bluish red.

If not stopped the inflammation will extend to the bulbar conjunctivæ, and interfere with the nutrition of the cornea, which will finally soften, inflame and slough away, and allow the aqueous humor to flow out, throwing the iris forward, forming synechia.

The discharge which occurs from the eye is very contagious, and readily infects a healthy eye, so that great care must be observed in disinfecting the hands, instruments, etc., which may have come in contact with the discharge. It is well to inform the nurse of the possibility of infection, so that she may avoid such complication.

To prevent this disease, it is the duty of the physician, on the birth of the child, to thoroughly wash the eyes, and, when inflamed, to drop into them a few drops of a solution of 10 grains of nitrate of silver to an ounce of water, as recommended by a French prize essay on this subject.

When the disease has already developed, the first thing to be done is to wash the eyes thoroughly with a solution of corrosive sublimate, 1 to 5,000, and continue daily, or the eyes should be washed every half hour, or every hour, with a saturated solution of boracic acid.

If the disease has manifested itself violently, the eyes should be washed every half hour, using alternately the saturated solution of boracic acid and solution of $\frac{1}{2}$ to 1 gr. of nitrate of silver to the ounce; or, instead of the boracic acid, the corrosive sublimate water may be used. When the secretion of pus begins to lessen, the washing may be made less frequent, and discontinued on the complete disappearance of pus.

Should the cornea be attacked, and show signs of sloughing, either a mydriatic or a myotic must be used, according to whether the slough is nearer the center or periphery of the cornea, in order to prevent a synechia. The myotic eserine should not be used in a solution stronger than $\frac{1}{4}$ to $\frac{1}{2}$ gr. to the ounce, as iritis may arise from use of a stronger solution in so small a child.

A compress bandage should never be used in these cases, as it prevents the escape of the pus, which should be removed frequently from the eyes. In washing the eye, when the cornea is affected, care should be exercised to avoid pressing the ball, as it may precipitate the rupture of the softened cornea, the very thing we are striving to prevent. When sloughing does occur, even to half of the cornea, it may fill in; but the new tissue will always be opaque.

Following sloughing of the cornea we may have shrinkage of the ball, or it may enlarge and form a staphyloma, which is sometimes so large as to prevent closing of the lids, in which case operative interference may be necessary, such as enucleation, abscision, or evisceration. If it is possible to avoid it, the ball should not be removed; but should be allowed to remain until the surrounding structures have fully grown. Should it be removed, these shrink so as to prevent the accommodation of an artificial eye of the proper size, in the growth of the child.

In all these cases, and in cases of severe purulent conjunctivitis, care must be used when the lid is to be turned, as it sometimes persists in remaining turned out, notwithstanding the best efforts of the physician to reduce it. When this occurs, and the lids are very or extremely tense from the swelling, the upper lid may be slit up to relieve the great pressure upon the cornea, which may cause sloughing of the cornea. After the conjunctivitis has passed away, this can be repaired by freshening the edges, and bringing them together by sutures.

In the examination for the causes of blindness, it is found that this form of inflammation leads all the rest, being first on the list, with conjunctivitis granulosa second, and glaucoma third.—*Keyser.*

¹Abstract of Clinic delivered February 11, 1891, at the Medico-Chirurgical College.

The Times and Register

A Weekly Journal of Medicine and Surgery.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
A. E. ROUSSEL, M.D., French Exchanges.
W. F. HUTCHINSON, M.D., Italian and Spanish Exchanges.
C. D. SPIVAK, M.D., Russian and German Exchanges.
GEO. WHARTON McMULLIN, Manager Advertising Department.

THE TIMES AND REGISTER,
FORMED BY UNITING THE
PHILADELPHIA MEDICAL TIMES,
THE MEDICAL REGISTER,
THE POLYCLINIC,
THE AMERICAN MEDICAL DIGEST,
PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Published by the MEDICAL PRESS Co., Limited.
Address all communications to 1775 Arch Street, Philadelphia.
NEW YORK OFFICE: No. 214 East 34th Street (Polyclinic Building).

New York and Philadelphia, March 7, 1891.

MOVABLE KIDNEY.

EBSTEIN makes a distinction between dislocation of the kidney, that has become fixed in its abnormal location, and movable, or migratory kidney. The former has never been diagnosticated during life, excepting when the anomaly has been revealed after the abdominal cavity has been opened. An examination, per rectum, by Simon's method, might reveal the dislocation, but the circumstances that would occasion this severe and rarely-employed procedure for such a purpose can hardly be imagined.

Rayer receives the credit of having directed attention to movable kidney. Since his time (1839) many writers have devoted attention to this subject; among whom may be mentioned Mosler, Steiger, Trousseau, Rollet, and Guéneau de Mussy.

Dr. W. W. Keen presented a paper to the American Surgical Association last May, upon Nephrorrhaphy, which now lies before us in the form of a reprint from the *Annals of Surgery*. In this paper the author makes a distinction between movable and floating kidney, claiming that these conditions can be sharply distinguished, anatomically and morphologically. The term floating kidney he limits to those cases in which there is a mesonephron, formed by a reduplication of the peritoneum; and the kidney, therefore, is wholly enclosed in the peritoneal cavity; bearing the same relation to it as do the coils of the small intestine. The movable kidney is still outside the peritoneum, and moves only in the retro-peritoneal space, within or without the fatty capsule. He believes that the floating kidney is always a congenital abnormality, as simply movable kidney is always acquired.¹ But he modifies this statement by adding that he has never seen a mesonephron during opera-

¹In any case, it is probable, as Ebstein suggests, that there is existent a congenital abnormality that predisposes the individual to this affection; such as looseness of the perinephritic connective tissue, undue length of the renal vessels, flexibility of the peritoneum and its loose attachment to the abdominal wall, etc.

tion; and yet, in two of his four cases, the kidneys readily dropped from gravity to the right iliac fossa and to the left of the mesial line. The range of motion, therefore, is the same in both classes.

The frequency of movable kidney he believes to be greater than is usually thought. In fact, it is more frequently detected clinically than pathologically. While in 3,658 autopsies at the Berlin Charité, movable kidneys were found five times (1 in 732), and Newman gives eleven cases in 11,000 autopsies; Rollet found twenty-two accurately determined cases in 5,500 patients at Oppolzer's clinic, and Oser, of Vienna, declares that one-tenth of parous women are so affected.

All authorities agree that women are vastly more frequently affected, and that the right kidney is most frequently movable, in the same ratio, about seven to one.

Among the causes, Keen enumerates traumatism and pregnancies. Many cases occur in men and in unmarried women. The loss of perinephritic fat is attributed a high causative influence by Ebstein, but Keen says that in all his cases there was plenty of this fat. But when the kidney has once left its proper habitat, there may be a deposition of fat in the place left empty.

The discomforts arising from a movable kidney he pronounces many and decided. He says: "There is much dragging pain, with a sense of weight in the loins. Gastric disturbances are common. Constipation, fetid breath, sometimes vomiting, are all noticeable. Not uncommonly there will be palpitation or other cardiac symptoms. Disturbance of the generative organs in women is very frequently associated with movable kidney, and, whether as a cause, consequence or coincidence, it is very certain that the majority of women suffering from this disorder are of a highly neurotic constitution. The discomforts are very great, and the pain may be so excessively severe and prolonged as to interfere with all other occupations, and practically to make life almost unendurable. In women, the pain is nearly always much greater during menstruation. The mental annoyance, also, is by no means a slight factor in the problem." With the last sentence we heartily coincide. The consciousness of the possession of an abdominal tumor is calculated to induce a serious disturbance in the nervous state of most persons. Many of the symptoms given are not direct consequences of displacement of a kidney, and their reference to this cause is a poorly-supported inference. Gastro-intestinal and genital disorders occur with too great frequency to be attributed to floating kidney, so far as to justify operation. The only symptoms that can be held to be certainly due to this affection are evidences of disease in the displaced kidney itself, pain, inflammation, etc., and those produced on the mind of the patient by the consciousness of her malady.

Among the evils that threaten the patient's life, and due to the displacement of the kidney, he enumerates abscess of the kidney, hydro-nephrosis, albuminuria and uremia from twisting of the ureter. Ebstein speaks of attacks of local peritonitis, and of symptoms due to incarceration of the kidney.

The diagnosis he considers easy, after attention has been called to the possibility.

"Given a movable tumor in the flank, which can be displaced into the iliac fossa or up to, or even beyond, the middle line; which can be pushed back into the position of the kidney; and which has about the shape and size of a kidney; and the diagnosis is clear.

"Percussion of the loin will sometimes assist, although this is not to be implicitly relied upon. At best, the limits of the renal dullness are not any too well defined when the kidney is in place; and the tympanic sound discovered when the kidney has fallen forward or downward, is not so clearly marked as to render it a thoroughly reliable symptom. The resistance to bi-manual examination afforded by the presence of the kidney, and the absence of this resistance when the kidney is displaced, is a much more reliable symptom. The bi-manual examination is best made if the abdominal hand takes advantage of expiration to depress the abdominal wall, retains the advantage so gained during the next inspiration, and follows it up by still further depression during the following expiration. The legs should be flexed to relax the abdominal wall.

"The size and shape of the tumor is a reasonable guide, and sometimes, though not frequently, the hilum can be made out, and pulsation of the renal artery felt.

"Of course, an examination of the uterus and ovaries should be made, so as to determine any possible connection of such abdominal tumor with the generative organs.

"The urine is generally normal, though not uncommonly it may contain albumin. If the albuminuria is persistent, it is generally due to other causes."

The bandage and pad should be tried before operation is undertaken. Dr. Keen prefers the pads devised by Dunning and Newman. Repeated pregnancies have been known to fix the kidney. Nephrectomy is sometimes justifiable—when the kidney cannot be replaced; when the organ is also diseased so as to justify its removal apart from the displacement; when nephrorrhaphy has failed, and the symptoms are sufficiently grave.

The operation of nephrorrhaphy he describes as follows:

"The operative procedure is first the usual one to expose the kidney. The patient is laid upon the sound side, and an oblique incision is made between the last rib and the crest of the ilium, beginning over the outer border of the quadratus lumborum. Rarely, if ever, will a rib have to be resected to gain room. The edge of the muscle being recognized, the perinephric fat is found immediately at its outer border. This fat having been cut or torn through, the kidney may be seen at once. If it is a movable kidney, but not displaced too far from its normal position, the movement will be seen to be synchronous with the respiration, and may be very wide in extent. In that case the kidney moved up and down with each respiration quite as freely as the liver ordinarily does. But if the kidney be far away from its normal position, it will not be seen when the per-

inephric fat is torn through, but must be sought for, not only by the finger in the wound, but also either by the hand of the operator, or of an assistant, on the anterior abdominal wall, in order to push the kidney back toward its normal place.

"At this stage of the operation, in order not needlessly to invade the peritoneal cavity, it is very important to be able to distinguish between the liver and the kidney, either of which may present itself opposite the wound. The peritoneum may be opened either intentionally or by accident.

"To avoid a similar accident, I would suggest that in every case, after tearing through the fat, so soon as the operator reaches a firm organ, which he believes may be the kidney, he should first observe its color. If it be the liver, this would be a dark-brown; if the kidney, a lighter blue-black. Next he should sweep his finger toward its upper border. If it be the kidney, he will very readily be able to discover the upper border.

"No attempt should be made by an assistant to replace the kidney by pressure through the abdominal wall until after the perinephric fat has been torn through.

"In doing the operation, it is customary and desirable to place a pad or pillow under the patient, in order to widen the space between the twelfth rib and the crest of the ilium. But care should be taken that this pad is not so placed as to press the liver down opposite the opening in the loin, and so promote the very accident of which I have just been speaking.

"In two cases I have found it difficult to push the kidney back opposite to the incision, but have succeeded in getting hold of the kidney by the following manœuvre: An assistant steadied the kidney, which I could just touch by the tip of my finger in the iliac fossa. I then passed a tenaculum along my finger as a guide, and harpooned the kidney by it, and drew it up to the opening. I then seized it anew with a volsella. In two cases of nephrorrhaphy and in one exploratory operation, the amount of traction by the volsella was such that the kidney substance was torn; but I never saw any ill results from it—not even any blood in the urine.

"The kidney being now held in place, four methods have been used for its fixation:

"1. The sutures may be passed through the adipose capsule alone.

"2. They may be passed through the fibrous capsule of the kidney itself.

"3. They may be passed through the parenchyma of the kidney.

"4. The fibrous capsule may be stripped off the kidney, in order to obtain a raw surface of renal tissue, by means of which the adhesions, it is believed, would be firmer. The sutures are then passed through the parenchyma and capsule just inside the border of the raw surface.

"So far I have had good reason to be entirely satisfied with the third method, which I have adopted in all four cases.

"The place where the kidney shall be anchored should correspond nearly to the normal physiological

position, but it will probably always be a little further down. Both extremities of the kidney should be fixed in order that it may not be pendent from one extremity only, and thus be liable to torsion and other movements. I have ordinarily passed six sutures, one at the upper end and one at the lower end, through both lips of the wound, penetrating through the kidney substance en route. Two other stitches I have usually passed between one lip of the wound and the anterior part of the kidney. A curved Hagedorn needle in Abbe's needle holder I have found to be best. The stitches should always pass through the muscular aponeurosis at the edges of the incision, in order to get a firm hold. I have used silk ligature in all my own cases and it has answered admirably. I have little doubt as to the desirability of leaving them permanently, but in doing so we must remember the large number of silk ligatures that have given rise to subsequent trouble, especially in abdominal surgery. Hence, it is important, I think, that the silk should be as fine as possible, but thick enough to be strong.

"The kidney having been fixed in place, the best plan is to leave the wound open, and dress it with ordinary bichloride or double cyanide gauze. One source of discomfort is the pain in the hip and groin, attributed to injury of the ilio-hypogastric nerve. As the nerve is entirely one of sensation, if I again find it in any path and exposed to probable injury, I should divide and excise two or three inches of the nerve.

"The after treatment is simple, and similar to that ordinarily used. The patient should not be allowed to sit up for at least four weeks. In case of relapse, a second or third nephrorrhaphy should be done before the question of nephrectomy is raised. When the patient begins to go about, a snug-fitting elastic bandage, with or without a pad, should be worn for several months."

As to the ultimate results, four deaths have occurred in one hundred and thirty-four operations. The fatalities were due to: fastening the stitches around the rib; an unrelieved ileus; a stitch passed through an embolic infarct, causing septicemia, and suppuration, due to the operation. These fatal cases were respectively done by Ceccherelli, Hahn, Langenbuch and Tait. Appended to his paper is a tabular statement of one hundred and thirty-four cases, of which one hundred and four were given in such detail as to allow of analysis. Of these, sixty-seven are pronounced cured, fifteen improved, and twenty-two failed. The best results followed when the kidney substance was sutured; the cures reaching 66 per cent.

From the following extract, taken from the *Texas Courier-Record of Medicine*, we judge that the life of a medical editor in Texas is not all "dull, demnition grind," but that a spicy variety is occasionally experienced:

"The Lord is not on Daniel's side this time. The lion has been permitted to chew Daniel in a most gratifying manner to such a sinner as I am. He deserved a munching, and it required a lion to masticate him in such a dignified, kingly way as Dr. Ghent has done."

Annotations.

IT will be seen by the weekly report of interments that there is some foundation for the belief that influenza has returned. In the last week in February there were forty-four deaths from pneumonia and seventy-five from other pulmonary affections; but the moderate mortality from heart and kidney diseases, old age, marasmus, etc., shows the difference plainly.

TIME was when Anna Dickinson was a power in the land. People crowded to hear the gifted woman who lifted up her voice for the slave; and when, a little later, men were needed to uphold the Union cause, she was not the least among those whose words helped to decide the doubtful and confirm the faith of the timid. Now, broken in health, deserted by fortune, her mind has given way, and Anna Dickinson is an inmate of a public insane asylum. What an outrage, that this woman's services should go unrewarded! "The ingratitude of republics" is based upon forgetfulness, and as each citizen pursues his own objects, public obligations toward individuals are apt to be neglected. We doubt if in the whole grand army of pensioners there is one who would object to seeing Anna Dickinson's name enrolled beside his own. Had this been done years ago the sad fate of this noble woman might have been averted or hidden.

Book Notices.

TWELVE LECTURES ON THE STRUCTURE OF THE CENTRAL NERVOUS SYSTEM. For Physicians and Students. By DR. LUDWIG EDINGER, Frankfurt-on-the-Main. Second Revised Edition, with one hundred and thirty-three illustrations. Translated by W. H. Vittum, M.D., St. Paul, Minn. Edited by C. E. Riggs, A.M., M.D. F. A. Davis, Philadelphia and London, 1890. Cloth, 8vo., pp. 230. Price, \$1.75.

These lectures are intended as an introduction to the study of the structure of the central nervous system. Many modifications have been made since the first edition appeared in 1885, following the important advances made in this department. Much material upon the comparative anatomy of the nervous system has been introduced.

Pamphlets.

Abdominal Surgery. By Dr. J. R. Haynes.
Suppurating Ovarian Cryst. Ovariectomy. Recovery. By F. L. Haynes, M.D. Reprints from *Southern Calif. Pract.*
Irrigation of the Puerperal Uterus; its Uses and Dangers. By F. L. and J. R. Haynes. Reprint from *Am. Jour. Obstet.*
On the Treatment of Piles by Injection of Carbolic Acid. By F. L. Haynes, M.D.
Supra-pubic Lithotomy. By F. L. Haynes, M.D.
Gynecological Memoranda. By J. B. Haynes, M.D. Reprints from *South. Cal. Pract.*
Intubation vs. Tracheotomy. By Dr. E. E. Montgomery. Reprint from *Annals of Gynecology and Pediatrics*.
A New Operation for Spasmodic Wry-neck. By W. W. Keen, M.D., Philadelphia, Pa. Reprint from *Annals of Surgery*, January, 1891.
Nephrorrhaphy. By William W. Keen, M.D., of Philadelphia, Professor of Surgery in Jefferson Medical College. Reprint from *The Annals of Surgery*, August, 1890.
Resection of the Optic Nerve. By L. Webster Fox, M.D., Philadelphia. Reprint from the *Medical and Surgical Reporter*, February 7, 1891.

The Medical Digest.

INJECTION FOR FISTULAS.—

R.—Acidi carbolici gr. xxv.
Glycerini ʒij.
Aque dest. ʒiv.

M.—

—Bodenhamer, *Med. Record*.

FORMULA FOR IODOFORM TO BE INJECTED IN SEPTIC CAVITIES :

R.—Iodoformi ʒiv.
Etheris ʒi.
Glycerini ʒij.—M.

—J. R. Haynes.

FOR LA GRIPPE.—

R.—Liq. ammoniac acet. ʒj.
Tinct. opii ʒij.
Tinct. acemiti ʒj.
Tinct. gelsemii ʒij.
Sp. chloroformi q. s., ad. ʒij.

M.—S. Teaspoonful every one to three hours.

—Magruder, *Texas Courier Record*.

TO AID DIGESTION.—

R.—Acid. nitromuriat. dil. ʒiii.
Pepsin. sacch. ʒvi.
Bismuth. subnit. ʒiv.
Ext. fld. nucis vom. ʒi.
Hydrastis ʒiii.
Glycerini ʒvi.
Aque q. s. ʒviii.

Sig. Two teaspoonfuls with every meal.

—Hinz, *Ther. Gaz.*

ACCORDING to Langgaard, the following general rules should be observed in prescribing aristol :

"All substances are to be avoided, for which iodine has any chemical affinity,—thus embracing : Hydroxides, carbonates, all the alkali metal, ammonia, metallic oxides, starch, corrosive sublimate, etc., etc. Hence the exhibition of aristol will have to be confined to the following forms : Dry powder; or ethereal or oily solutions; or with collodion, lanolin, or vaseline, as vehicles.—*Ther. Monats.*

TO REMOVE THE PIGMENTATIONS OF PREGNANCY.

—In the *Journal de Médecine de Paris*, the following ointment is recommended to be rubbed into the affected parts twice daily to remove the pigmentations which so often disfigure pregnant women :

R.—Cocoa butter, aa ʒiij.
Castor oil ʒiij.
Oxide of zinc gr. v.
Yellow oxide of mercury gr. ii.
Essence of rose, enough to perfume.

—*Ther. Gaz.*

IODIDE OF IRON IN LEAD POISONING.—It is stated by M. Lavrand, in a Lille medical journal, that he has found iodide of iron, in the form of pills, as prescribed in the French Codex, very efficacious in treating the lead poisoning which occurs amongst workmen employed in white-lead manufactories. Sometimes he gives the iodide of iron by itself, at others he combines with it phosphide of zinc. Under this treatment workmen who had already commenced to show signs of lead poisoning were enabled to continue their occupation; their general health also improved, and the amount of hæmoglobin increased.—*Lancet*.

INTESTINAL ANTISEPSIS AND DRUG TOLERANCE.—

Every observer has from time to time remarked the intolerance manifested against some drugs, the administration of which, while absolutely necessary for the amelioration or cure of the patient's affection, is rendered difficult owing to this intolerant idiosyncrasy. M. Féré finds that, by practising intestinal antiseptics by means of such substances as naphthol, patients who were intolerant of small doses of bromide of potassium or borax in epilepsy will, when naphthol and salicylate of bismuth are exhibited at the same time, bear perfectly well as much as seventeen grammes a day of bromide without any inconvenience. The eczema and psoriasis which sometimes appear in the train of borax will also disappear if the intestines be rendered antiseptic. M. Féré adds that it is quite possible that intestinal antiseptics may be found to check intolerance of drugs other than those directed against epilepsy.—*Lancet*.

BLEPHORASPM.—Some three years ago it occurred to me to attack these troubles in a similar manner to a spasm of the sphincter ani, viz., by stretching the fibres of the orbicularis. This was accordingly done at my service in the University Free Dispensary in the presence of my class of students. It proved so satisfactory that I have many times performed the procedure during the past three years, both at the dispensary and in my private practice. Indeed, it has become a routine practice with me to always stretch the orbicularis in obstinate and intractable spasm, and it rarely fails to yield an excellent result. The procedure is simple enough and consists merely in placing a strong, short speculum between the lids and opening its blades until it is deemed that the muscle is thoroughly stretched. The speculum is then firmly set and allowed to remain in its expanded condition for about five minutes, when it is removed.—Allport, *Am. Jour. Ophth.*

TREATMENT OF GASTRIC ULCER.—As a general rule, I order at first half an ounce of milk and lime-water every hour as the only food, with the sulphate of iron and magnesia mixture in purgative doses three times a day. Ziemssen and Leube use sulphate of soda or Carlsbad salt in purgative doses, with the object of removing all remains of food from the stomach; but I use this mixture simply to remedy the anæmia and constipation so generally present. If hæmatemesis actually occurs, or the patient is admitted with a very recent history of it, I order ice to suck, and feed per rectum for a day or two, and then proceed as before. When, as usually is the case, vomiting and pain cease, under this treatment I double the allowance of milk and lime-water, then change the diet to soft bread and milk, getting on through pounded chicken and custard and eggs to ordinary diet as rapidly as possible. The good results are attested by the table. It may be objected that these cases are not cured, but that there is only a temporary remission of the symptoms. I do not think this is true, although one case did undoubtedly relapse three times, as all these patients were made out-patients under me, and attended for a longer or shorter time, continuing to take the medicine. Had they relapsed it is most probable they would have reapplied for admission to this hospital, where, according to the rules, they would have been placed under my care. It may be thought that there is danger by this plan of exciting hemorrhage or causing perforation, but I think this fear is sufficiently answered by the record.—Saundby, *The Lancet*.

NEW ADDITIONS TO REMEDIAL AGENTS.—Among some new and convenient medicaments Parke, Davis & Company announce are Mosquera's Beef Peptone, Malt Extract with Peptone and Urethral Bougies of Aristol.

Mosquera's Beef Peptone is entirely free from the bitterness of the pepsin peptones, possessing an agreeable, sweet taste.

Nutrition plays so important a part in modern therapeutics that any additions to eligible methods of nutrition are welcome. Malt extract with peptone makes an easily assimilable, highly nutritious combination of malt.

Aristol is regarded by many as quite as efficient as iodoform in its antiseptic action, and it possesses the special advantage of being entirely free from odor. The Aristol bougies should find a wide application in the antiseptic treatment of the urethra. Aristol is a substitute product of thymol obtained by mixing a solution of iodine in iodide of potassium with an alkaline thymol solution.

CHLORAL AS A COAGULANT.—Though hydrate of chloral is generally used in medicine it is not without its advantages in surgery. According to Dr. Marc Sée it possesses the property of coagulating blood and serous fluids, and may be made to replace the iodine solution generally injected into hydroceles. He himself has treated two hundred hydroceles with chloral without the occurrence of any accident. He employs for this purpose a 10 per cent. solution, an ounce of which is injected all at once, or very slowly, into the sac. Two or three days afterwards a large effusion of fluid into the tunica takes place, but is soon entirely reabsorbed. Where the hydrocele wall is much thickened injections of chloral, or, indeed, of any kind, are useless, and recourse must be had to free incision. The chloral solution above referred to may be repeatedly injected, with advantage, into the neighborhood of varicose veins, as it causes the blood gradually to coagulate, and the veins to contract. Some trials have also been made with chloral as an injection into vascular tumors, but hardly sufficient to warrant any definite report.—*Lancet*.

WORLDLY WISDOM.—Dr. White, of Enfield, N. Y., reports that there has been no death from consumption in that town for nine years, nor a single case of that disease among the 1,500 residents.

Dr. Bateson recommends a collyrium of sugar and water, for lime in the eyes.

Dr. Reynolds treated successfully a case of coal oil poisoning by giving an antimonial emetic, followed by gelsemium and bromide of potash, sweet oil and white of egg.

Dr. Worsley says that in the cholera of 1849, persons who used only cistern water escaped, while the disease raged among those who used the limestone water.

Dr. Taylor prescribes for dysentery :

R.—Plumbi acet.,
Pulv. opii,
Camphoræ.....āā gr. lx.
Ext. capsici fl.,
Creasoti.....āā gtt. x.
M.—Et in pil. lx div.
S. One, two to six times daily.

—*Med. World.*

A NEW METHOD OF DRESSING THE CHEST IN PNEUMONIA, PLEURISY, PLEURODYNIA, ETC.—If there is to be any cupping or other preliminary operation, have that attended to ; then all the ingredients

wanting are pure collodion and absorbent cotton in smooth layers, and a good, broad brush, like mucilage brushes.

Apply a very thin layer over the side affected from spinal column to sternum, and secure it with collodion smeared thoroughly over it. Then go on with thicker layers, securing them with collodion until a good padding is obtained, paying particular attention to the edges. In double cases you can act accordingly. The advantages are :

1. The one dressing, if well applied, will last throughout the case, and so,

2. The fatigue and discomfort of frequent poulticing are avoided.

3. The side, in single cases, is held as in a splint, while the free side does the breathing. A first-class non-conductor is covering the chest. I am not sure but that the contracting collodion may have some influence in controlling the blood supply.

4. There is no particular interference, in one who has a good ear, with physical examination. May be it would be a good thing if there was ; for, having once made the diagnosis, what is the use of exhausting the patient every day by trying to find out whether one-eighth of an inch, more or less, is involved ? The general symptoms will tell that.

—*Hunt, Annals of Gynec. and Pæd.*

INTRABRONCHIAL INJECTIONS IN PULMONARY PHTHISIS.—Dr. Giulio Masini has made experiments (*Gazzetta degli Ospitali*), as to the possibility of injecting medicinal substances directly into the bronchi, and has satisfied himself that it can be done. He uses for the purpose the barrel of an ordinary syringe to the distal end of which is fixed a catheter, with the usual laryngeal curve, which can be pushed out or drawn in as may be required. The liquid used was a 20 per cent. solution of olive oil, filtered and sterilized, and creasote. This injected into the trachea, or into one or other bronchus by passing the catheter through the glottis from the mouth. Auscultation by an assistant, while the liquid is being injected, enables the operator to know whether the medicament is reaching its destination. The experiments were made in Professor Maragliano's clinic, at Genoa, on five men and one woman suffering from various degrees of pulmonary disease—from catarrhal bronchitis with doubtful signs of tuberculosis to the gravest form of phthisis, with infiltration of both lungs, cavities, etc. In two of the cases in which on admission there were signs of disease at the apex, with night sweats and wasting, the effect of the treatment was very remarkable. After injections of the solutions every day for a month (increasing gradually in amount from 1 to 4 cubic centimeters) the physical signs disappeared "completely" in one case, and "all but completely" in the other. Both of them gained considerably in weight. In one of the remaining cases the treatment had to be discontinued almost immediately, on account of the extreme sensibility of the larynx and the indocility of the patient. In the three others, daily injections (of 4, 5, 8, up to 10 cubic centimeters) were given during three months and a half ; in two of them a "notable result" was obtained, the expectoration ceasing almost entirely, the diseased area in the lungs becoming much smaller and the patients gaining weight and feeling better. In the fourth case the disease remained stationary, but the daily amount of expectoration diminished by 80 grammes, and there was a slight gain in weight. Dr. Masini thinks these results sufficiently encouraging to warrant further trial of the method.—*Brit. Med. J.*

FLUORESCIN.—My limited experience with fluorescein seems to warrant the following conclusions:

1. Of the two varieties, the red (fluorescein) and the yellow (fluorescein), neither is preferable, the yellow being as effective as the red.
2. The solution, grs. x, ad oz., is non-irritative, both to the normal and to the inflamed conjunctiva and cornea.
3. The solution has no effect on the normal tissues.
4. Where there is any solution of continuity of the anterior part of the cornea, there is a greenish discoloration (superficial keratitis, abrasions, ulcers).
5. The abrasion of the anterior layer of epithelium reduced by the instillation of cocaine does not show this effect.
6. In parenchymatous keratitis there is no discoloration.
7. It is useful mainly in locating foreign bodies and in cases of ulceration where there is much photophobia and the examination is difficult.
8. It has failed me several times in locating foreign bodies, so that the negative diagnosis is not established by a failure of the solution to discolor the cornea.—Smith, *Am. Jour. Ophth.*

DERMATITIS GANGRENOZA COMPLICATING VARI-CELLA.—A healthy infant of nine months was the last of a large family of children to develop the disease, and for three days exhibited the usual mild course of symptoms.

On the fourth day there appeared on the left side of the scalp several circumscribed patches of erythema, varying in size from an eighth to three-fourths of an inch in diameter, and during the following night many similar spots developed on the left side of the face, neck and trunk.

Later on, the left buttock became scarlet with a greenish-white center which increased in diameter to about an inch, when under a charcoal poultice this sloughed, leaving a deep, irregular cavity. About the same time the skin over the other erythematous patches assumed a gangrenous appearance, and rapidly sloughed, leaving at the site of each a clean-cut hole extending through the true skin. Over the left pectoral region, coalescence of numerous maculæ had taken place, forming a gangrenous surface five or six square inches in area. Death ensued before this place had sloughed. The child remained plump to the end, nursed almost ravenously, and suffered but little, dying on the sixth day.

As a symptomatic affection, gangrene of the skin sometimes occurs in the course of cerebral or spinal disorders, and also in diabetes, but I can find no record of its appearance in so mild a malady as varicella. One marked peculiarity of this case was in its being unilateral, whereas it generally appears symmetrically, especially in the idiopathic variety.

—Roberts, *Med. Progress.*

TREATMENT OF DIPHTHERIA.—In treating a case of diphtheria, it has been my custom to divide it into different stages:

1. Stage of infection.
2. Stage of invasion.
3. Stage of deposition of false membranes.
4. Stage of separation of false membranes.
5. Stage of complications, viz., albuminuria, paralysis, etc.

By carefully recognizing the different stages, the practitioner, by using appropriate remedies, will carry his patient through safely. The stage of infection is stated by Oertel as from two to five days. I have

seen it develop in twelve hours. This is the stage when prophylaxis should be thoroughly adopted. The stage of invasion, characterized by general malaise, high fever, often vomiting, and rapid respiration, and coated tongue. In this stage I administer calomel, in my experience better combined with bicarbonate of soda; from 3 to 5, or even 10 grains of calomel rubbed up with about 2 grains of soda, and administered dry on the tongue every four hours, until the characteristic effect of it is seen by green spinach stools. When this treatment is used early, the membrane will be limited, as shown by its thick and everted edges. At this time I use a spray of peroxide of hydrogen, 1 to 3 of water, and when the patch is limited to a circular area, I paint with full strength of peroxide of hydrogen, being careful not to get it on the healthy surface, as it is a decided irritant. After all of the membrane has been gotten off by the spray, the mouth is gargled with pure water, and the diseased surface painted with bichloride solution, 1 to 2,000. The painting done only by the physician three times a day, or by an intelligent member of the family. The spray of peroxide of hydrogen is used every two hours.

—Van Wyck, *Med. Record.*

FERRIC BROMIDE.—Dr. Hecquet, formerly physician to the Abbeville Hospital, very strongly recommends the perbromide of iron or ferric bromide in many affections in which it is desirable to soothe without depressing and to strengthen without exciting. Out of twenty-five cases of spermatorrhœa treated by this drug nineteen were completely cured, two only being unrelieved, and in these cases complications were present in the form of prostatic enlargement and stricture of long standing. The perbromide was frequently found useful in cases of chloro-anæmia, leucorrhœa, hysteria, amenorrhœa, hydræmia of pregnancy, chorea, epilepsy, diabetes, and tuberculosis. In conjunction with Dr. Vacossin a series of trials were made in the Abbeville Hospital on its action in cases of cardiac hypertrophy, with the result that Magendie's observations, made more than fifty years ago, were confirmed, the patients being strengthened and relieved by the calming of the palpitation and of the dyspnœa. This combination is well borne, even by irritable stomachs. It may be taken in solution, or in lozenges, the dose being from three to five grains. The action is more rapid than that of most iron compounds, as its good effects begin to manifest themselves in cases of chlorosis during the first week of administration, a complete cure being generally obtained in a month. Dr. Hecquet has found by experience that the ferric salt Fe_2Br_6 acts both more rapidly and gives more permanent results than the ferrous salt FeBr_2 , and hence he has latterly confined himself to prescribing the former, which he does not hesitate to say is endowed with exceptionally valuable properties, and deserves to be far better known and more employed than it has hitherto been. There is a preparation of the ferrous salt in the Pharmacopœia of the British Pharmaceutical Conference, which, however, is not very largely prescribed. No preparation of the ferric salt seems to be known in this country.—*Lancet.*

SPECIFIC MEDICATION.—Aconite exerts a specific influence upon the heat producing function of the body, and if given in fevers, assists in reducing the temperature. The specific symptom which indicates that aconite should be prescribed is a chilly sensation, cold chills running over the body, yet the clinical

thermometer will show a rise of temperature above normal. The remedy should be given in small doses, oft repeated.

Belladonna has a specific effect upon the capillary circulation of the blood, especially through the meninges of the brain and spinal cord. Congestion, or more properly speaking, hemostasis of these tissues will be promptly remedied by the administration of small doses of belladonna repeated at intervals of an hour. A dull headache across the forehead will be dispelled in a short time by small doses of this remedy. Macrotys has a special affinity for the muscular tissues of the body, and if properly administered will remove soreness of the muscles without fail. Many women suffer from soreness of the muscular tissue of the uterus, and are often treated for "bilious colic" with but little relief, when if macrotys be prescribed in proper doses and repeated at frequent intervals, the suffering will be speedily arrested. Often in fevers the muscles of the entire body will be in that condition described as "soreness," which will be one factor of the disease, and will be removed at once by macrotys.

Phytolacca has a specific influence upon the lymphatic glandular system, stimulating that entire system to functional activity, relieving engorgement of the lymphatic glands, as is manifested in so-called scrofula, syphilis and other diseases which involve these glands. A normal functional activity of the lymphatic glands insures a plastic condition of the blood from which pus will not form, and all wounds of the body will heal by first intention. Phytolacca will secure this. This knowledge of the action of remedies is specific medication.

—*Journal of Eclectic Med.*

DRUG TREATMENT OF CHOREA.—The drug in contradistinction to the moral and dietary treatment of chorea has up to the present given rise to a vast amount of discussion. It still rests on very debatable ground, some extolling one drug, some another, a clear proof that no one drug is ever found to be universally efficient. Others, again, maintain that drugging in this affection is quite as, if not worse than, useless. The writer recollects being once up for an examination in medicine in which the learned examiner, with decided views, scouted drugging in chorea, and informed his uncomfortable candidate, in the dogmatic tone peculiar to not a few examiners, that when next questioned as to the best treatment of chorea to reply: "Six to eight weeks, combined with peppermint-water thrice daily." Judging, however, by the recorded results obtained in recent years by competent observers in this country and elsewhere in the treatment of chorea by antipyrin and its allies, there would appear to be a consensus of opinion that in the therapeutics of chorea a step has been made in advance. Amongst the observers who have exhibited this drug with success is Dr. Moncorvo. He found, however, that large doses were necessary before any decided effect was produced even in the case of children, and that although when polyuria and nocturnal incontinence existed these were appreciably diminished, they were not entirely suppressed; these and other considerations led him to try exalgine, and from the very first he records that the benefit which attended its administration was decidedly encouraging. The polyuria and nocturnal incontinence, which the antipyrin had only served to check, were completely arrested by exalgine. Again, while the effective dose of antipyrin was found to be three grammes a day that of exalgine only amounted to thirty centigrammes. Moreover, Dr. Moncorvo says that when

treated by antipyrin the average duration of the disease is one month, while in those cases in which he has tried exalgine a cure has been effected under three weeks. He finds that the drug is well borne by children, and has never observed any unpleasant effect follow its use. Seeing how common and distressing an affection chorea is, and the uncertainty, if not impotence, of therapeutic efforts hitherto, the observations of Dr. Moncorvo are worthy of note, and his practice or more extended trial.—*Lancet*.

AMERICAN SCIENTISTS.—Koch's great name, carried his results to every part of the world, and they were received with confidence, because it came from Koch; it would have been different had it been from a more humble origin. Still, with all his reputation, Koch's achievements should not so overshadow every other man's work as to relegate them to the rear. It is particularly humiliating, and positively painful, that deserving American scientists who, themselves, are quoted abroad as authorities, barely receive recognition from the American press in general.

Dr. Samuel G. Dixon modestly announced, in 1889, that he had succeeded, by a scientific process, in producing immunity in small animals against tuberculosis, by the inoculation of a solution of certain principles extracted from the bacilli of tuberculosis in a given morphological condition. The immediate effects of this inoculation were very similar to those produced by Koch's lymph.

Dr. Kraft, of Cleveland, Ohio, is quoted as having produced practically the same thing with a substance that he terms lymph.

Dr. Salmon and his colleague, Dr. Smith, announced, in 1887, their experiments in producing immunity against a bacterial disease, hog-cholera, by the inoculation of sterilized cultures; and, in 1889, Dr. Schweinitz reported the production of immunity with chemical substances formed during the growth of bacillus of hog-cholera.

Dr. Frank S. Billings has applied for two years a process of inoculation to prevent swine-plague, which he claims is also a chemical substance, though, unfortunately, no literature has ever been published by the doctor verifying this point for the benefit of science.

Lastly, Drs. Shurley and Gibbes, of Detroit and Ann Arbor, Michigan, have formulated prescriptions of a purely chemical nature, which have had, it seems, success even more remarkable than the Koch remedy.

—*Bacteriological World.*

THE SULPHO-CARBOLATES IN INCIPIENT TYPHOID FEVER.—The value of the sulpho-carbolates in incipient typhoid fever, may be illustrated by the following case; one selected out of many: A young girl had typhoid some months ago—a typical case, severe, from which she recovered. Some time thereafter her mother, who had nursed her through her fever, was seized with the following symptoms: Headache, aching of the bones, insomnia, broken and disjointed dreams, slight cough, bowels irritable, tympanites, borborygmi, colicky pains, gurgling and tenderness in the right iliac fossa, tongue showing a tendency to dryness in the center, and slight epistaxis.

Now, was not this sufficient to justify a diagnosis of incipient typhoid fever, occurring in a house where this disease had prevailed a short time previously? I certainly thought so; and felt myself fully justified in putting the patient upon the use of the sulpho-carbolate of zinc.

Dr. Upjohn had just sent me several thousand pills of this salt, containing $2\frac{1}{2}$ and 5 grains each. I gave the patient one of the latter every two hours until the stools were disinfected; then substituted the smaller pills, given at the same interval. The symptoms were relieved almost from the first dose; and in just three days the patient was discharged from treatment, all typhoid symptoms having disappeared.

This case is described because the probability of its being typhoid was almost a certainty. But many other cases have occurred in my practice in which the diagnosis of incipient typhoid was the only one that could be made; and yet the symptoms soon passed off under the use of the sulpho-carbolates. This good result occurs so constantly that I no longer expect failure to abort an incipient typhoid, when the sulpho-carbolate of zinc is given promptly, before the typhoid bacilli have penetrated beyond the intestinal canal. I may add that the five-grain pills did not produce any gastric irritation whatever, either in this case or in any one of a number of others of incipient and confirmed typhoid fever.—Waugh.

SCARLATINAL DIPHTHERIA.—I desire to place upon record a case that is unique in my own experience; though my readers may, perhaps, have had better results. The case was that of a child under four years of age. He had been attended by a dispensary physician during the first part of the illness; and this gentleman, when he gave up the case, had given a gloomy prognosis, with which I heartily coincided. On my first visit I found the child's throat covered with blackish sloughs, the lips and tongue covered with fissures and ulcers, the nose discharging freely the irritating and offensive secretion of nasal diphtheria, the eyes showing spots of pus at the inner canthus. The child complained of earache and of pain in the forehead, so that the disease had passed up the Eustachian tubes and into the frontal sinuses. Reddish spots and blotches appeared on the face and body. The stench was dreadful, the urine almost totally suppressed, but the few drops that were passed could not be saved for examination. The child had been delirious for some time: not being able to recognize his parents. The one good point was that his stomach retained milk fairly well.

It has not been my good fortune to witness the recovery of many such cases. In fact, the more extended is my experience with diphtheria, the more I dread it; especially when it has become firmly established in the Schneiderian mucous membrane, and in the passages leading from the naso-pharynx.

I felt it my duty to inform the parents that death was the only result to be expected; and that they could be very thankful if their other children, six in number, should escape.

However, I gave them a bottle of Marchand's peroxide of hydrogen, and directed them to syringe the nostrils and wash the mouth out with the solution diluted to one-fourth its strength. *This was repeated every hour, day and night.* No other treatment was employed, and whiskey was given with the milk, as the only food. The child began at once to improve; the right tympanic membrane gave way, and then the solution was thrown into the ear, and bubbled out at the nose. The urine began to be secreted more freely; and the child was pronounced out of danger in one week from my first visit.

One of the other children was seized with sore throat, enlarged tonsils and torticollis; another had a mild attack of scarlatina, but the others escaped

without contracting the disease. This in itself is notable, as the children were all kept at home, in a crowded little house, with miserable sanitation.

—Waugh.

ANTAGONISTIC ACTION OF COCAINE AND CHLORAL.—Some years ago, when suffering frequently from attacks of acute coryza, which, while they lasted, rendered me almost unable to write, from the incessant sneezing and running from the nose, I found the greatest relief from nasal injections of a 2 per cent. solution of cocaine, from five to ten drops to each nostril at intervals of twenty minutes or half an hour. I could thus cut short an impending attack, or, by using them even more frequently, arrest—in fact, cure—one that had set in for some hours with the utmost intensity. But on several of these occasions I noticed that the use of the cocaine during the evening was followed by absolute sleeplessness, four consecutive doses of 10 grains each of chloral inducing not more than two or three hours' light sleep, though ordinarily, when wakeful from mental overwork, 5 grains would have given a natural, and 10 a sound and long night's sleep. Indeed, I believe that I have, after the free use of cocaine, taken even more than the 40 grains of chloral with but very moderate effects. Under these circumstances no sense of fatigue followed the sleeplessness, and no headache or drowsiness the sleep when obtained by these excessive doses of chloral. A lady for whom I prescribed cocaine pastilles for a painful neurotic condition of the glottis having sucked several in the course of the evening, and gone to bed with two more in her mouth (each $\frac{1}{2}$ grain), told me that she had been "wide awake" all night, without feeling tired next day; and in other cases I have observed the like wakefulness after the use of cocaine. But the evident antagonism in my own case between cocaine and chloral suggested to me the probability of its being found useful as an antidote in chloral poisoning. I applied for, and obtained, a license for undertaking a course of experiments on the subject; but finding that I could not be absent from home for so many hours as the performance of these would require, I allowed the license to lapse. The treatment of chloral poisoning hitherto has been eminently unsatisfactory. Chloral is a direct antidote to strychnine, antagonizing the excessive muscular irritation of the latter; but the converse does not hold good, since the action of chloral on the sensorium or the mental functions has not its physiological counterpart in that of strychnine; strychnine, in fact, antagonizes only the lesser half of the effects of chloral. I know that some extreme cases have been successfully treated by strychnine, galvanism, and artificial respiration, but the profound sleep has had to work itself off. Cocaine, which, if it were found expedient, in very severe cases might be supplemented by strychnine, would appear to me to be the antidote required, and, should an opportunity present itself, I shall not hesitate to try it subcutaneously, at least in the first doses.

I would invite any one who may meet a case of chloral poisoning to do the same, and I shall feel greatly obliged if any one having leisure would take up my license and institute a course of experiments *in corpore vili* on the lethal doses of chloral and the efficacy of cocaine at various stages of the poisoning by chloral from the earliest to imminent death, with the single condition that he communicate with me, and give me the credit of priority of suggestion by associating my name with his.—Willoughby, *Lancet*.

POINTS IN THE USE OF COCAINE.—The following points should be borne in mind when cocaine is used within the nose :

1. Local anesthesia is best and most safely secured, not by spraying the entire Schneiderian mucous membrane with a solution of cocaine, but by applying the solution on absorbent cotton simply to the field of operation.

2. Within certain limits, weak solutions produce deeper and more profound anesthesia than the stronger, but require a somewhat longer time to manifest their full effects; a 4 per cent. solution being probably the most satisfactory strength for obtaining local anesthesia within the nose.

3. Solutions of cocaine, when applied to inflamed mucous membrane, do not manifest their effects as quickly and completely as when no inflammation is present.

4. Unless the effects of cocaine are maintained for a considerable time by repeated applications of the drug, its use locally is followed by increased congestion and inflammation, when inflammation is already present.

5. When cocaine is used to produce a sedative effect, and diminish discharge in acute rhinitis, but more especially in nasal pyorrhœa and hay fever, it should be employed as a solution rather than as a "snuff" made by powdering cocaine crystals with other substances, because the mechanical irritation of a powder tends to increase the existing inflammation and discharge, and counteract to that extent the effects of the cocaine.

6. When a solution of cocaine is used within the nasal chambers, care should be exercised to prevent its reaching the pharynx, where it quickly suppresses the discharges, and produces a most annoying sensation of dryness, which the patient vainly tries to relieve by frequently swallowing saliva. Except as an application to the tonsils, cocaine is not well adapted for use as a therapeutic agent to be applied within the pharynx.

7. When it is necessary to prescribe a solution of cocaine for a patient to use himself within the nose, some precautions should be adopted to prevent his forming the cocaine habit. It is well not to inform him of the name and nature of the drug that has been prescribed. The morphine habit has been established by frequently sniffing a solution of morphine into the nose for the relief of pain, "catarrh," etc.; and in such cases a solution of cocaine gives so much greater relief from the local symptoms, and so great a feeling of buoyancy, not only by means of the constitutional effects of the drug, but also by the open nostrils supplying an increased supply of oxygen, that the habit of applying cocaine solutions inside the nose is soon established, and is only with great difficulty abandoned.—Gleason, *Med. World*.

CURE OF CHYLURIA BY THYMOL.—In an article on Chyluria by the late Surgeon-Major T. Lewis in "Quain's Dictionary of Medicine," this passage occurs: "It cannot be distinctly stated that the course of the disease has been materially modified, much less cured, by any known remedy." It is, therefore, gratifying to be able to bring to the notice of the profession the following cases of chyluria which have been completely cured by the internal administration of thymol.

CASE I.—Nazim Mahomed Beg, aged twenty, was admitted into the Residency Dispensary on September 11, 1889, on account of retention of urine. A catheter was passed and a small quantity of chylous

urine withdrawn. The distension of the bladder was not relieved, and on September 12 it was necessary to perform perineal section. A large quantity of white clot was removed, and a lithotomy tube was tied into the bladder, which was washed out with a solution of bichloride of mercury. At first quinine and various other remedies were employed without any effect; the urine continued chylous, the patient was never free from fever, and filariæ were always found in the blood at night. On September 27 the administration of thymol in one-grain doses every four hours was commenced. On October 12 the dose was increased to two grains. On the 18th the symptoms began to improve, and by December 14, 1889, he was quite well, and there was no trace of filariæ in the blood. When the patient was admitted into the hospital, he was emaciated and almost in a dying state. He is now (December 11, 1890) quite well, and is fat and strong. The improvement in his condition might be thought to be due to the spontaneous cessation of the disease, but no treatment did the patient any good whatever until the administration of thymol was commenced, and then the improvement was steady and gradual, and may fairly be attributed to the action of the drug.

CASE II.—Mahboob Khan, sepoy, aged twenty. Admitted into the Afzul Gunj Hospital on October 1, 1890, on account of stone in the bladder. The patient stated that he had suffered from symptoms of stone for ten years. On admission he was emaciated, his temperature was 102°, and there was a large stone in the bladder. The stone was removed by lateral lithotomy at 1 P.M. on day of admission, and weighed five ounces and nineteen grains. The temperature remained high after the operation, particularly at night, and on October 6 the urine was discovered to be chylous. Filariæ were found in the blood, and also in the urine. The administration of thymol was commenced in two-grain doses on October 6, and increased to three-grain doses on the 11th. On the 14th the patient was attacked with dysentery, and the thymol was replaced by scruple doses of ipecacuanha. On the 20th he had recovered from the dysentery, and thymol was recommenced. The dose was gradually increased to five grains three times a day, and the patient left the hospital cured on November 23. He is now (December 15, 1890) quite well, and is fat and strong like the first patient. His urine is normal, and there are no filariæ in the blood.

The important practical point in the above cases is the fact they establish that thymol has the power of destroying organisms in the blood and tissues, which are actually the cause of a well-known disease. The destruction of the organisms cures the disease. On the other hand, I have tried it extensively in many diseases which are supposed to be due to organisms, such as leprosy, phthisis, and gonorrhœa, but without benefit. Either, then, thymol, which is such a deadly poison to the filaria, is not a poison to the bacillus, which is extremely unlikely, or bacilli are not the cause of the diseases I have mentioned.

It appears probable that thymol may prove useful in the elucidation of some of the intricate questions involved in the relations of micro-organisms to disease, and it is on this account to be commended to the consideration of bacteriologists.

—Lawrie, *The Lancet*.

ANGINA PECTORIS.—At the Medical Society of London, Dr. Douglas Powell opened a discussion on the subject of angina pectoris, and urged that the subject should be considered on a broader basis. He

said it was not such a simple malady as was supposed. The characteristic symptoms ranged between the wide limits of remediable functional disorder on the one hand, and fatal organic lesion of the cardiovascular system on the other. He mentioned a case of a lady, aged forty-five, of neurotic temperament, who had complained of too forcible cardiac action for some years previously. There was a history of rheumatic fever fifteen years before, and five years ago, when riding hard across country, she was seized with severe cardiac pain and distress, and marked interference with respiration. These symptoms recurred on subsequent occasions. The pulse was small and cord-like, and of high tension. On using hard pressure with one finger the pulse was felt almost, if not quite as well, by a second finger placed further along the vessel, this phenomenon being evidently due to a back wave from the periphery. The heart's action was somewhat labored, intermitting twice in the minute; the first sound was muffled, but there was no distinct murmur. He regarded this as a case of angina of the first degree, or one of vasomotor angina. He observed that one noticeable feature in this variety of the disease was the extreme restlessness of the patient, who often felt chilly and in need of exercise. In regard to this vasomotor form of angina, he remarked that it was of comparatively recent discovery, and the prognosis in such cases must necessarily depend largely upon the actual condition of the heart. He regarded the vasomotor disturbance as an essential factor in the majority of cases of angina pectoris, just as bronchial hyperesthesia was in case of asthma. He believed it to be possible for the heart to succumb to these attacks without itself being affected with any obvious lesion. He referred to the case of a medical man, aged thirty, who consulted him on account of paroxysms of precordial pain. On examination, there was no evidence of enlargement or disease of the heart, and he regarded it as an example of pure vasomotor angina. A six months' rest from work left him apparently sound in all respects. He referred to another case in a gentleman, aged sixty-eight, in whom a marked improvement in the general condition occurred after an attack of gouty eczema. He remarked on the rarity of a fatal issue in these cases, the attacks if unrelieved by art usually coming to a natural end, probably through the action of the depressor nerve of the heart, and possibly some analogous mechanism of the small vessels under the stimulus of pressure inhibiting and controlling cardiac and vasomotor spasm. He agreed with Dr. Broadbent's suggestion that some cases of fatal cramp whilst bathing were probably due to sudden oppression of heart from contraction of systemic arterioles—in fact, to vasomotor angina of an intense kind associated, perhaps, with a fatigued heart. Though physiologists maintained that when systemic arterioles were contracted by cold the visceral were dilated and *vice versa*, yet it was highly probable that under certain conditions of chill and emotion the whole arterial system might undergo contraction. He quoted cases which seemed to show that the right side of the heart had borne the brunt of the anginal attack. The cardiac distress and rigid arteries of uræmia might, he said, almost be described as chronic persistent angina, though it was with the so-called cases of cardiac asthma in uræmia that the analogy with vasomotor angina was most obvious. He then passed on to discuss angina pectoris gravior, in which the vasomotor disturbance is associated with degenerative cardiac disease. He criticised the view that the disease was necessarily caused by or associated with

disease of the coronary arteries. The prognosis in the first group was comparatively favorable, the probability being that death would ensue from some other cause, such as cerebral hemorrhage, while in the last group an almost certainly fatal result might be anticipated within a short period. Both for prognosis and treatment it was important to make out the precise condition of the heart in respect of size, position, and power. For the treatment of these two varieties, nitrite of amyl and nitroglycerine were of great value, but far more so in the graver cardiac cases. In the first group they required to be associated with nerve tonics and sedatives, while in the second group carminatives and stimulants were of special value. He compared the pain in cases of sudden death of angina to that associated with embolic gangrene in the limbs. In conclusion he described a syncopal variety of angina rarely met with except in persons over sixty-five, and then usually associated with gout. He suggested that undue acidity of the blood might be concerned in its causation. The attacks were often associated with dyspepsia, and the treatment indicated was careful feeding and gentle exercise. In conclusion he said he regarded angina as a disturbed innervation of the heart and vessels associated with more or less intense cardiac distress and pain, and a general prostration of the forces, always producing anxiety, and often amounting to a sense of impending death. He grouped the varieties as angina pectoris vasomotoria, angina pectoris gravior, primary cardiac angina, and syncopal angina; the first two forms bearing a remarkable resemblance to the respiratory analogue asthma.

Dr. W. M. Ord insisted on the remarkable parallel between the symptoms of asthma and angina pectoris. He pointed out that the term asthma formerly comprehended a great many varieties of difficulty of breathing, and statisticians had shown that in times past asthma was a very fatal disease, according to the returns, any reduction in this respect being probably due to better diagnosis. With regard, however, to angina, the condition was rather different; at present people would have a larger range for angina than formerly, especially if they adopted Dr. Powell's conclusions. The old limited definition to which he alluded would certainly have to be extended to a large number of cases in which one or two only of the constituent typical symptoms of the disease, as first described, would be present. Such cases might, perhaps, be termed anginous, if not anginal. He pointed out that these anginous attacks usually came on in the daytime, and the prognosis was notably aggravated when they supervened at night. He compared the two classes of cases, one in which the patient had angina on exertion as the consequence of sudden arterial tension caused thereby, and the other in which the attack occurred independently of muscular exertion, and in these he thought the mechanism was probably nervous, either emotionally or by reflex. He had seen illustrations of both classes. He insisted on the importance of dyspepsia as a factor in bringing about the attacks, and observed that if he were restricted to one remedy in the treatment of angina he would prefer sulphate of magnesia to nitroglycerine, in order to secure a regular action of the bowels. He mentioned the frequent coincidence of glycosuria with angina, which he thought authorized the inference that the visceral blood vessels were dilated, and not contracted, as the author seemed to suppose, along with the superficial vessels. He said that the connection of gout with angina ought not to be forgotten, it being a neurosis, and involving, as it did, changes in the

chemical constitution of the tissues. Treatment directed to the gout often relieved the angina. He insisted upon the fact that no sensations of an anginous type were to be treated lightly, and the patient or his friends ought always to be warned of the danger.

Dr. W. H. Broadbent said he had been unable to make up his mind as to the condition of the heart during the paroxysms. Sometimes the pulse was irregular and small, sometimes there was high arterial tension, at other times not; while occasionally the pulse was practically unaffected throughout an attack even of great violence. The central fact, after all, in attacks of angina was that the heart was over-wrought, either by peripheral resistance or on account of intrinsic failure. That fact fitted in very well with the author's classification. It was especially in those cases due to weakness of the heart that the great danger lay. He pointed out that vasomotor resistance alone would not be sufficient to determine an attack. The proportion of cases of high arterial tension without angina pectoris was very much greater than the proportion of fatal cases of angina in which there was no disease of the coronary arteries. He presumed that disease of the coronary arteries acted by causing degeneration of the cardiac muscular fibres. In bed and during sleep there was the upward pressure of the abdominal viscera and the curious running down of the cardiac powers to account for the supervention of the attacks. He pointed out that muscular exercise lowered very rapidly the resistance of the peripheral circulation. The effects of exercise were exerted principally on the right side of the heart. With reference to the neurotic theory, he pointed out that the vast majority of anginal cases occurred in the non-neurotic sex, it being extremely rare in women. They ought, therefore, to beware of attaching too much importance to an unexplained neurosis. The occurrence of angina in gouty people he ascribed to its association with high arterial tension. He had also noted the existence of a myocarditis in patients suffering from glycosuria, associated with high arterial tension, and this was usually followed by marked anginal paroxysms. He remarked on the fact that angina was seldom or never associated with mitral lesions, and anginal symptoms usually subsided on the supervention of a mitral lesion in a person subject to anginal attacks. His own experience seemed to show that the gravest cases of angina were those in which the least explanation could be found to account for the symptoms.—*Brit. Med. Jour.*

FRENCH NOTES.

A. E. ROUSSEL, M.D.

ON THE ANTISUDORIFIC EFFECTS OF CAMPHORIC ACID AND TELLURATE OF SODA. (Dr. Combemale.)—The author arrives at the following conclusions:

A. 1. Camphoric acid has a certain action on the nocturnal sweats of phthisis; it very often checks them, frequently diminishes them, and is rarely exhibited without result.

2. These antisudorific effects are produced by doses of thirty grains a day, or better, at each dose.

3. No disagreeable or untoward result accompanies the use of camphoric acid.

4. Camphoric acid acts all the more surely in tuberculous subjects when the pulmonary lesions are the least purulent.

B. 5. Tellurate of soda possesses very strong properties against the nocturnal sweats of phthisis.

6. In doses of one grain *pro die*, tellurate of soda will produce to a certainty its antisudorific effects;

with one-half or three-quarters grains the result is less sure and less marked.

7. Tellurate of soda will, sometimes, impart a garlic-like odor to the breath; its repeated ingestion will produce some secondary troubles.

8. The results are equally good in all stages of pulmonary tuberculosis; but the doses given should be in direct relation to the intensity of the pulmonary lesions.

C. 9. Tellurate of soda was until now the best of medicaments to oppose to the profuse sweats of the phthisical.

10. Camphoric acid, although less trustworthy than tellurate of soda, should also be preferred to all the other known antisudorific agents.

D. 11. Tellurate of soda as well as camphoric acid is not limited in its action to the sweats of phthisis. Numerous pathological sweats (rheumatism, typhoid fever, syphilitic pulmonary cavities, dyspepsia) are influenced by these two agents.

12. The action of these two antisudorific medicaments approaches an antiseptic action, we mean, destruction to the soluble microbic products.

—*Bulletin de Thérapeutique.*

TREATMENT OF CONTUSION OF THE LUNG. (Dr. Picqué.)—If the contusion is slight, we keep the patient in bed in absolute repose; we apply *loco dolenti* wet cups, as well as subcutaneous injections of morphine, and we immobilize the thorax by means of a bandage. In severe cases to combat immediate accidents, such as collapse and hemorrhage, we use frictions and hot applications; we provoke energetic, revulsive action by means of sinapisms, dry cups; we administer subcutaneous injections of ether. Internally, ice, perchloride of iron, in doses of ten to twenty drops in sweetened water. Subcutaneous injections of ergotine of Bonjean, or ergotinine of Taret. Immobility and absolute silence, the patient is placed in bed, the thorax slightly elevated. If the contusion of the lung is complicated by emphysema, hemothorax, pleurisy, or by pneumonia, we have recourse to the treatment of each of these complications.

THE PRESENCE OF A POTATO IN THE RECTUM. (Dr. Stocquart.)—A workman had introduced a potato in the anus to facilitate intestinal evacuation. The potato introduced into the rectum after three days of constipation became swollen by absorption of intestinal fluids. The only result was to produce a marked feeling of discomfort in the lower part of the abdomen, but the desired effect was not obtained. All efforts made by the patient to remove the foreign body were useless, as the object was round and could not be grasped. A certain quantity of liquid faecal matter was passed. Dr. Stocquart, on his arrival, found the hypogastric region tympanitic and painful. Involuntary but futile action, of defecation, accompanied by vomiting, were present.

An examination could not be made with the ordinary anal speculum, but Cusco's speculum showed the potato rounded like a ball. It was extracted in pieces after having been perforated by means of a bistoury with a long handle. —*Revue de Thérapeutique.*

LOCAL EPILEPSY.—M. Féré mentions that it has already been pointed out that epileptic paroxysms are sometimes provoked by the exercise of certain special muscular groups. In one case we had to deal with an engraver, where the attacks were brought on by his work; in another, reported by M. Féré, the attacks were provoked by the movements of mastication. M. Féré has recently observed in a patient

the production of an attack, limited to the hand and forearm, following the prolonged movements necessitated by writing. This attack resembled closely one of writer's cramp. But it was not produced each time that the patient wrote. After some time this localized attack was replaced by a severe paroxysm of classical epilepsy. Treated with the bromides, the patient had no further attack.

—*La Médecine Moderne.*

ABORTIVE TREATMENT OF HERPES (Prof. Leloir):

R.—Alcohol at 90°..... 2 ounces.
Resorcine..... ¼ drachm.

Or:

R.—Alcohol at 90°..... 2 ounces.
Menthol..... ¼ drachm.

If the pain is very severe we use the following:

R.—Alcohol at 90°..... 2 ounces.
Hydrochlorate of cocaine..... 15 grains.
Extract of cannabis indica..... 150 "
Essence of mint..... 2½ drachms.

To be applied locally.

—*La Tribune Médicale.*

DEATH FOLLOWING VACCINATION.—M. Gaucher reports a case of a young infant who, nine days after vaccination, was covered with a very extended eruption, presenting the aspect of that of vaccine; the temperature rose to 40.5°; respiration became embarrassed, and the child died the fourteenth day after the vaccination. At the autopsy there was found lesions of infectious disease of the liver, of the spleen and of the kidneys, with very intense congestion of both lungs.

—*La France Médicale.*

SOME SYMPTOMS OF TABES DORSALIS.—Marina has analyzed the symptoms in forty cases of tabes, paying particular attention to the auricular, laryngeal, and pharyngeal symptoms.

In seventeen cases the hearing was normal; in twenty-nine cases there was lesion of the internal ear; in four, lesion of the middle ear. In no case was there noted Meniere's disease. In eight cases out of eleven there existed hyper-excitability of the auditory nerves to electricity. These troubles may be observed at all stages of tabes.

The sensibility of the pharynx was diminished in fourteen cases; that of the larynx in nine. In ten cases there was paresis of the adductors of the vocal cords, and complete immobility in four cases. Ataxia of the tongue was noticed nine times.

Of a total of ninety-two ataxics observed, the frequency of the ocular troubles is as follows:

Argyle-Robertson pupils.....	45 times.
Immobile pupils.....	41 "
Unequal pupils.....	24 "
Myosis.....	39 "
Mydriasis.....	6 "
Ptoxis.....	6 "
Motor paralysis.....	12 "
Optic atrophy.....	9 "

Fifty-five of the ninety-two cases had had syphilis.

—*La Médecine Moderne.*

ERGOTINE IN GONORRHOEA.—Dr. Roicki speaks of ergotine as an excellent means of rapidly curing chronic gonorrhoea. He administers it simultaneously internally in pills and by urethral injections as follows:

R.—Ergotine..... 5 grains.
Distilled water..... 9 ounces.

These injections are very well supported. The same treatment is applicable in hemorrhage from the urethra.

—*La Médecine Moderne.*

Medical News and Miscellany.

The Bacteriological World presents its readers with a portrait of Dr. G. M. Sternberg in the February number.

NOTE.—Our files of January 24, 1891 are exhausted, and we will be obliged to any subscriber who will send us a copy of that date.

DURING January the deaths in St. Louis numbered 725; giving an annual mortality of 18.91 on an estimated population of 460,357.

DR. H. A. JOHNSON, Emeritus Professor of Practice, and President of the Board of Trustees of the Chicago Medical College, died February 26, aged sixty-nine years.

WOMAN'S Medical College of Pennsylvania, Philadelphia, Pa., Dean's Office, February, 21 1891:

"Resolved: That the Faculty of the Woman's Medical College of Pennsylvania approves of the present bill of Hon. Frank M. Riter to establish a State Board of Medical Examiners and Licensers."

CLARA MARSHALL, Dean.

Medical Progress appears in February with Robert C. Kenner as editor. While we wish Dr. Kenner all manner of prosperity, we sincerely trust that the editorial ranks are not to be depleted by the loss of Drs. Reynolds, McMurtry, Barbour, and Dixon. There has always been something very attractive to us about the pages of *Progress*, and we believe that many others share our liking for it and the big-brained, big-hearted men who have edited it.

THE Illinois State Board of Health has decided that hereafter it will recognize no foreign diploma that does not confer the right to practice medicine in the country in which it was granted. The holder of an Austrian, a German, Russian, or Swiss diploma, wishing to practice in Illinois, must hereafter pass an examination before the State Board, unless he has passed the State Examination of the country from which he comes. The holder of a Canadian diploma, unless a licentiate of the Colleges of Physicians and Surgeons of Ontario or Quebec, must pass an examination before the Illinois Board in order to practise in Illinois.

CHICAGO POLICLINIC.—The Third Semi-Annual Special Course for Practitioners will begin March 30, 1891, and continue two weeks. This course will include:

1. Surgery of the Brain and Spine, Prof. C. Fenger; Surgery of the Thorax and Stomach, Prof. N. Senn; Surgery of the Abdomen, including Abdominal Tumors, Prof. Chas. T. Parkes; Surgery of the Genito-Urinary Organs, Prof. W. T. Belfield; Surgery of the Female Pelvic Organs, Profs. F. Henrotin and J. H. Etheridge. All operations demonstrated on dogs and cadavers.

2. General Clinics in all the Departments of Medicine and Surgery by Members of the Faculty.

3. Operative Surgery on the Cadaver.

Fees.—Matriculation, \$5.00; Course No. 1, \$20.00; Course No. 2, \$25.00; Course No. 3, \$15.00. General ticket for the three courses, \$50.00.

The use of Koch's lymph in medical and surgical cases will be demonstrated.

For further information address the corresponding secretary,

M. R. BROWN, M.D., 174 and 176 Chicago avenue.

WEEKLY Report of Interments in Philadelphia,
from February 21 to February 28, 1891:

CAUSES OF DEATH.	Adults.	Infants.	CAUSES OF DEATH.	Adults.	Infants.
Abscess.....	3	2	Hernia.....	2	
Alcoholism.....	2		Homicide.....	1	
Aneurism of the Aorta.....	2		Inflammation brain.....	3	13
Asthma.....	1		" bronch.....	1	6
Apoplexy.....	13		" kidneys.....	5	3
Bright's disease.....	16	1	" larynx.....	1	
Burns and scalds.....	1		" liver.....	1	
Cancer.....	7	1	" lungs.....	24	20
Casualties.....	4		" pericardium.....	1	
Cerebro-spinal meningitis.....	1		" peritoneum.....	6	3
Congestion of the brain.....	5		" knee joint.....	1	
" lungs.....	2	5	" s. & bowels.....	6	8
Child birth.....	1		" pancreas.....	1	
Cholera infantum.....		3	" tonsils.....		
Cholera morbus.....	1		Inanition.....	3	
Cirrhosis of the liver.....	1		Maramus.....	9	
Consumption of the lungs.....	43	9	Old age.....	13	
" bowels.....			Obstruction of the bowels.....	3	
Convulsions.....	13		Paralysis.....	8	1
Croup.....	7		Poisoning.....	2	
Cyanosis.....	6		Ptyemia.....	3	1
Debility.....	2		Rheumatism.....	1	
Diabetes.....	2		Sclerosis of spinal cord.....	1	
Diarrhea.....	1		Septicemia.....	4	
Diphtheria.....	16		Softening of the brain.....	1	
Disease of the heart.....	17	1	Shock, surgical.....	2	
Drowned.....	1		Suffocation.....	1	
Droopy.....	3		Suicide.....	1	
Effusion of brain.....	1		Syphilis.....	3	1
Erysipelas.....	4		Tabs mesenterica.....	2	
Enlargement of the heart.....	1		Teething.....	2	
Fever, puerperal.....	3		Tetanus.....	1	
" remittent.....	1		Tumor.....	2	
" scarlet.....	1		Uremia.....	2	
" typhoid.....	3	6	Whooping cough.....		4
Gangrene.....	2		Total.....	225	178
Hemorrhage.....	1	1			

INVALID (chronic): "Tell me, doctor, what feature
of my complaint do you find it hardest to overcome!"
Doctor: "That tired feeling."

—New York Herald.

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprint of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1735 Arch Street.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers
serving in the Medical Department, U. S. Army, from
February 8, to March 2, 1891.

By direction of the Secretary of War, Lieutenant-Colonel Charles C. Byrne, Surgeon, is relieved from duty at Fort Sam Houston, Texas, and will report in person to the commanding general, Department of the Columbia, for duty as Medical Director of that Department, relieving Colonel Bernard J. D. Irwin, Surgeon. Colonel Irwin, on being relieved by Lieutenant-Colonel Byrne, will proceed, via San Francisco, Cal., to St. Louis, Missouri, and report in person to the commanding general, Department of the Missouri, for duty as Medical Director of that Department, relieving Colonel Charles Page, Assistant-Surgeon-General. Colonel Page, on being relieved by Colonel Irwin, will report in person to the commanding general, Division of the Atlantic, for duty as Medical Director of that Division. Par. 6, S. O. 36, A. G. O., Washington, D. C., February 13, 1891.

By direction of the Secretary of War, Captain James C. Merrill, Assistant-Surgeon, is relieved from duty at Fort Reno, Oklahoma Territory, and will report in person at the earliest practicable date, to the Surgeon-General, U. S. Army, in this city, for duty in his office. Par. 5, S. O. 29, A. G. O., Washington, D. C., February 5, 1891.

PHYSICIANS' FAVORITE PHAETON,

Guaranteed to be Absolutely Free from Horse Motion or Weight on Animal.

THE CHADWICK TWO WHEELER.

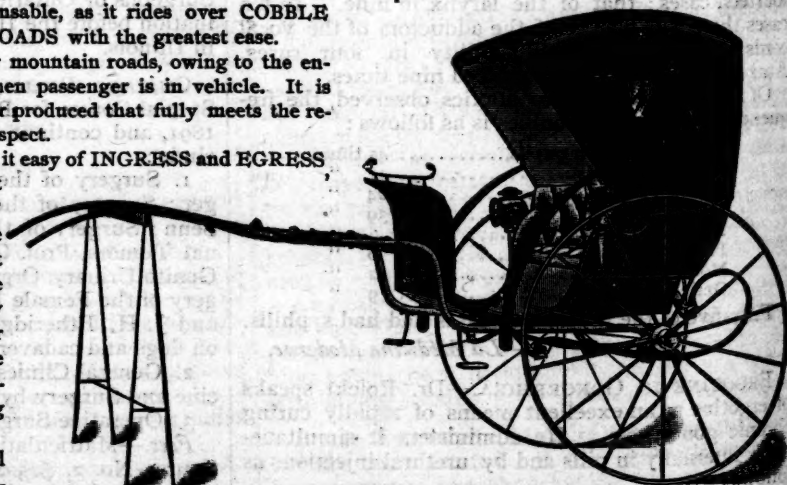
For Physicians' use it is indispensable, as it rides over COBBLE PAVEMENTS or FROZEN RUT ROADS with the greatest ease.

It is especially adapted to hilly or mountain roads, owing to the entire absence of weight on animal when passenger is in vehicle. It is entirely new and the only vehicle ever produced that fully meets the requirements of a physician in every respect.

The low hang of the body renders it easy of INGRESS and EGRESS thus overcoming one of the most monotonous parts of the physicians' practice. In the upholstery of the seat and back, it affords the greatest luxury. Has regular Physician's Close Top, with large side lights, stationary storm apron on dash, large drawer under seat for instruments or medicine case, and is furnished with large serviceable French Cylinder, oil burning reflector lamps when desired.

Built with pole for team, instead of shafts when desired, as in the absence of weight on animal, it is the Most Perfect, Stylish, and Easiest Riding Physicians' Cart Ever Built. Only two wheeler to which a pole can be successfully used. Making it of greater ease and of lighter draught for animal to handle, than any two or four wheeled vehicle ever produced.

Send for Illustrated Catalogue and Price List. Correspondence Solicited.
CHADWICK TWO-WHEELER CO., Olean, N. Y., U. S. A.



DISEASES OF THE URIC ACID DIATHESIS.

LAMBERT'S LITHIATED HYDRANGEA.

FORMULA.—Each fluid drachm of "Lithiated Hydrangea" represents thirty grains of FRESH HYDRANGEA and three grains of chemically pure Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is invariably of definite and uniform therapeutic strength, and hence can be depended upon in clinical practice.

DOSE.—One or two teaspoonfuls four times a day (preferably between meals).

THE solution and elimination of an excess of uric acid and urates is, according to many authorities, best attained by intelligent combination of certain forms of Lithia and a Kidney Alternative.

The ascertained value of Hydrangea in Calculous Complaints and Abnormal Conditions of the Kidneys, through the earlier reports of Drs. Atlee, Horsley, Monkur, Butler and others, and the well-known utility of Lithia in the diseases of the Uric Acid Diathesis, at once justified the therapeutic claims for Lambert's Lithiated Hydrangea when first announced to the Medical Profession, whilst subsequent use and close clinical observation have caused it to be regarded by Physicians generally as the best and most soothing Kidney Alternative and Anti-Lithic agent yet known in the treatment of

Urinary Calculus, Diabetes, Gout, Cystitis, Rheumatism, Hæmaturia, Bright's Disease, Albuminuria and Vesical Irritations generally.

BRIGHT'S DISEASE.

DIETETIC NOTE.—A rigid milk diet has given good results in many cases.

Allowed.—Fish, sweet breads, sago-tapioca, macaroni, baked and stewed apples, prunes, etc.; spinach, celery, lettuce, etc., may be used in moderation in connection with a milk diet, without impairing its effect, and with great comfort and enjoyment to the patient.

Avoid.—Strong coffee and tea, alcoholic stimulants, soups and made dishes.

We have had prepared for the convenience of Physicians Dietetic Notes, suggesting the articles of food to be allowed or prohibited in several of these diseases.

These Dietetic Notes have been bound in the form of small perforated slips for Physicians to distribute to their patients. Mailed gratis upon request, together with our latest compilation of case reports and clinical observations, bearing upon the treatment of this class of diseases.

LAMBERT PHARMACAL COMPANY,

314 N. Main St., St. Louis.

Please mention The Times and Register.

GOUT.

DIETETIC NOTE.—A mixed diet should be adopted, the nitrogenous and saccharine articles being used in limited amounts.

Allowed.—Cooked fruits without much sugar, tea and coffee in moderation. Alcoholic stimulants, if used at all, should be in the form of light wines or spirits well diluted. The free ingestion of pure water is important.

Avoid.—Pastry, malt liquors, and sweet wines, are veritable poisons of these patients.

CH. MARCHAND'S

PEROXIDE OF HYDROGEN,

(MEDICINAL) H₂O₂

(ABSOLUTELY HARMLESS.)

Is rapidly growing in favor with the medical profession. It is the most powerful antiseptic known, almost tasteless, and odorless. Can be taken internally or applied externally with perfect safety. Its curative properties are positive, and its strength and purity can always be relied upon. This remedy is not a Neutrum.

A REMEDY FOR

DIPHTHERIA; CROUP; SORE THROAT, AND ALL INFLAMMATORY DISEASES OF THE THROAT.

OPINION OF THE PROFESSION.

Dr. Geo. B. Hope, Surgeon Metropolitan Throat Hospital, Professor Diseases of Throat, University of Vermont, writes in an article headed "Some Clinical Features of Diphtheria, and the treatment by Peroxide of Hydrogen" (*N.Y. Medical Record*, October 12, 1896). Extract:

"... On account of their poisonous or irritant nature the active germicides have a utility limited particularly to surface or open wound applications, and their free use in reaching diphtheritic formations in the mouth or throat, particularly in children, is, unfortunately, not within the range of systematic treatment. In Peroxide of Hydrogen, however, it is confidently believed will be found, if not a specific, at least the most efficient topical agent in destroying the contagious element and limiting the spread of its formation, and at the same time a remedy which may be employed in the most thorough manner without dread of producing any vicious constitutional effect."

"In all the cases treated (at the Metropolitan Throat Hospital), a fresh, standard Marchand preparation of fifteen volumes was that on which the experience of the writer has been based."

Dr. E. R. Squibb, of Brooklyn, writes as follows in an article headed "On the Medical Uses of Hydrogen Peroxide" (*Gaillard's Medical Journal*, March, 1896, p. 50), read before the Kings County Medical Association, February 6, 1896:

"Throughout the discussion upon diphtheria very little has been said of the use of the Peroxide of Hydrogen, or hydrogen dioxide; yet it is perhaps the most powerful of all disinfectants and antiseptics, acting both chemically and mechanically upon all excretions

and secretions, so as to thoroughly change their character and reactions instantly. The few physicians who have used it in such diseases as diphtheria, scarlatina, smallpox, and upon all diseased surfaces, whether of skin or mucous membrane, have uniformly spoken well of it so far as this writer knows, and perhaps the reason why it is not more used is that it is so little known and its nature and action so little understood."

"Now, if diphtheria be at first a local disease, and be auto-infectious; that is, if it be propagated to the general organism by a contagious virus located about the tonsils, and if this virus be, as it really is, an albuminoid substance, it may and will be destroyed by this agent upon a sufficient and a sufficiently repeated contact."

"A child's nostrils, pharynx and mouth may be flooded every two or three hours, or oftener, from a proper spray apparatus with a two volume solution without force, and with very little discomfort; and any solution which finds its way into the larynx or stomach is beneficial rather than harmful, and thus the effect of corrosive sublimate is obtained without its risks or dangers."

Further on Dr. Squibb mentions that CHARLES MARCHAND is one of the oldest and best makers of Peroxide of Hydrogen, and one who supplies it to all parts of the country.

CAUTION.—By specifying in your prescriptions "Ch. Marchand's Peroxide of Hydrogen (Medicinal)," which is sold only in 14-lb., 1-lb., and 1-lb. bottles, bearing my label and signature, you will never be imposed upon. Never sold in bulk. PREPARED ONLY BY

Charles Marchand

A book containing full explanations concerning the therapeutic applications of both CH. MARCHAND'S PEROXIDE OF HYDROGEN (Medicinal) and GLYOXYL, with opinions of the physicians, will be mailed to physicians free of charge on application.

See Mention this publication.

SEE BY LEADING DRUGGISTS.

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France).

Laboratory, 10 West Fourth Street, New York.

Notes and Items.

ALL things come to the man who waits—except the particular thing he is waiting for.

PATIENT (after receiving his prescription): "Thanks, doctor; God will repay you."

Absent-minded physician (taking out note book): "Please give me His address."

MRS. MALADE: "Oh, doctor, why do I feel so dreadfully blue lately?"

Dr. Bluntlee: "Perhaps, madame, because you use so much rouge; they are called complimentary colors, you know."
—*Pharmaceutical Era.*

PATIENT: "Doctor, I can't sleep at night. I tumble and toss till morning."

Doctor: "H'm, that's bad. Let me see your tongue. (After diagnosis): Physically you are all right. Perhaps you worry over that bill you've owed me for the past two years."
—*Dixie Doctor.*

AND HAVE AS MUCH FUN.—"Why do you live in the country, anyhow?" asked a New Yorker of a suburban friend.

"To save money."

"Is the cost of living less?"

"No, slightly higher."

"Then how do you save?"

"No opera, \$50 a season. No concerts, \$25 a season. No theatres, \$50 a season. No big dinners to friends, \$100 a year. No fun of any kind, \$500 a year."

"Say!" said the city man, seized with an inspiration, "wouldn't you save money if you died?"—*New York Sun.*

STAMMERING

And all nervous affections of speech thoroughly corrected. Established 1879. Pupils sent us by Drs. Hammond, Seguin, Lusk, and other specialists. Younger pupils pursue ordinary studies, Book-keeping, Stenography, etc., while under treatment. Pamphlets with rules, exercises, illustrations, suggestions, and testimonials from eminent men and pupils, free.

The Bryant School for Stammerers, 9 W. 14th St., N. Y.

SVAPNIA

OR

PURIFIED OPIUM

FOR PHYSICIANS USE ONLY.

Contains the Anodyne and Soporific Alkaloids, Codeia, Narceia and Morphia. Excludes the Poisonous and Convulsive Alkaloids, Thebaine, Narcotine and Papaverine.

SVAPNIA has been in steadily increasing use for over twenty years, and whenever used has given great satisfaction.

To PHYSICIANS OF REPUTE, not already acquainted with its merits, samples will be mailed on application.

SVAPNIA is made to conform to a uniform standard of Opium of Ten per cent. Morphia strength.

JOHN FARR, Manufacturing Chemist, New York.

C. W. CRITTENTON, Gen'l Agent, 115 Fulton St., N. Y.

To whom all orders for samples must be addressed.

SVAPNIA IS FOR SALE BY DRUGGISTS GENERALLY.



J. FEHR'S "COMPOUND TALCUM" "BABY POWDER,"

"HYGIENIC DERMAL POWDER,"

FOR
INFANTS AND ADULTS.

COMPOSITION: Silicate of Magnesia with Carbolic and Salicylic Acids.

PROPERTIES: Antiseptic, Antizymotic, and Disinfectant.

USEFUL AS A
GENERAL SPRINKLING POWDER.

With positive Hygienic, Prophylactic, and Therapeutic properties.

Good in all affections of the skin.

Sold by the drug trade generally.

Per Box, plain, 25c.; perfumed, 50c.

Per Dozen, plain, \$1.75; perfumed, \$3.50.

THE MANUFACTURER:

JULIUS FEHR, M.D., Ancient Pharmacist,
HOBOKEN, N. J.

Only advertised in Medical and Pharmaceutical prints.

ABOUT BUYING BOOKS.

P. BLAKISTON, SON & CO., 1012 WALNUT STREET, PHILADELPHIA, not only publish but deal in all kind of books pertaining to MEDICINE and GENERAL SCIENCE. They have a very large stock of this class of works, systematically arranged and Catalogued. Those not on hand they can tell you about and obtain for you if possible.

All new American and English books are added to this stock as soon as published.

The following Catalogues and circulars will be sent FREE ON APPLICATION :

- Catalogue, No. 1, Descriptive of all their own publications.
- A Catalogue of Books for Dental Students and Practitioners.
- A Catalogue of Books on Chemistry, Technology, Pharmacy, Microscopy, Hygiene, Sanitary Science, etc.
- Students' Catalogue, including the "Quiz-Compenda" and the most prominent Text-Books and Manuals for medical students.
- A Complete Classified Catalogue (68 pages) of all Books on Medicine, Dentistry, Pharmacy and Collateral Branches. English and American.
- A Book Bulletin Published Quarterly containing lists of all new Medical Books issued by various publishers.
- Circulars of various books recently published.
- Sample pages of GOULD'S NEW MEDICAL DICTIONARY (The Standard Reference Book).

IF YOU WANT ANY BOOK, no matter what, write to us; we will write you a description of the work wanted, send our CATALOGUES, quote prices, give the date of publication, and any information you may wish and we can obtain.

IT COSTS YOU NOTHING TO HAVE BOOKS SENT BY MAIL. Upon receipt of the catalogue price we will send any book, carefully wrapped and prepaid, to any address, without extra charge. If the book is not the one ordered it may be returned.

The easiest mode of remitting money by mail, and the surest, is in the form of Money Orders, obtainable at any post-office. Money may also be sent by bank draft, registered letter, or by express. For those who prefer it, and will remit twenty-five per cent. of the amount in advance, books can be sent C. O. D. wherever there is an express office. This is, however, a more expensive method to the purchasers, and is without any corresponding advantages.

LANOLINE LIEBREICH.

PATENTED.

The New Base for Salves and Ointments, is of White Color and Perfectly Odorless; for Burns, Wounds and all Skin Diseases. Has Valuable Antiseptic Properties.

Anhydrous Lanoline, Toilet Lanoline in Tubes, Lanoline Soap, Lanoline Cold Cream and Lanoline Pomade.

MANUFACTURED BY

Messrs. Benno-Jaffe & Darmstædter, Martinikenfelde, Germany.

J. MOVIUS & SON, New York,
Successors to LUTZ & MOVIUS.

SOLE LICENSEES FOR U. S.

Please mention The Times and Register.

PROF. S. ASHER,

Teacher of FASHIONABLE DANCING,

Metatorium Hall, Broad Street, below Walnut, Philadelphia.

Being a member of the Society of "Professors of Dancing," of New York City, enables me to introduce all the Latest Fashionable Dances as taught and danced in New York and Eastern Cities.

CLASS ARRANGEMENTS.

For Ladies and Gentlemen.—Tuesday and Thursday evenings, from 7 until 10 o'clock.
Private class for Ladies and Gentlemen now forming.
For Misses and Masters.—Wednesday and Saturday afternoons from 3 until 5 o'clock. Classes always open for beginners.
Special arrangements made for private classes in or out of the City.
All the fashionable dances, including the Glide, Heel-and-Toe, Glide Step, Varsovienne, Schottische, Minuet, German, etc., taught by an original method. Glide Waltz a Specialty, and taught in 3 to 5 private lessons.

Classes for Young Ladies, Misses and Masters, every Saturday morning from 10 to 12. Private class for Children (4 to 6 years) a Specialty. Class for Young Ladies every Wednesday, from 5 to 6.
Private lessons any hour, day or evening, to suit the convenience of the pupil. Personal attention given to classes at Residences, Seminaries, in or out of the city, at reasonable terms.

HOME FOR HABITUÉS.

OPIMUM, CHLORAL, COCAINE

DR. J. B. MATTISON

Continues to receive at his residence, 314 State Street, Brooklyn, N. Y. a limited number of these Habitués, to whom he devotes his exclusive professional attention.

PATIENTS, SIX, AND SELECT.

Attractive apartments, liberal cuisine, desirable privacy, cheerful society and personal professional attention based on several years' experience in the treatment of this disease.

FOR DETAILS SEE THIS JOURNAL, OCTOBER 4, 1890.

PHYSICIANS: Are you in need of anything, if so write to
THE PHYSICIANS SUPPLY CO.

RELIEF FROM PAIN

— AND —

REFRESHING SLEEP

Can be obtained for your patient, by administering

R. Bromidia (Battle) 1 ounce.
Papine (Battle) 1 ounce.

Mix. Sig.—One teaspoonful, repeated as required.

☞ The above formula is largely used by European and American Physicians, and **UNIVERSALLY** gives entire satisfaction, **WHEN** the Genuine Products of the Laboratory of the well-known House of Battle & Co. are used.

Blue Mountain House, WASHINGTON COUNTY, MD.

☞ New and Elegant Summer Resort. ☞

NEAR THE SUMMIT OF THE **BLUE RIDGE MOUNTAINS.**

COMMANDING A MAGNIFICENT VIEW OF

☞ **Cumberland and Shenandoah Valleys.** ☞

No Malaria.

No Mosquitoes.

Always Cool.

Situation Unsurpassed.

SINCE the Opening Season of the BLUE MOUNTAIN HOUSE (June, 1885), it has met with continuous success and prosperity, and the management hopes for the same encouragement during the present season. It will be open for the reception of guests, June 24, and is within easy reach of Baltimore, Washington and Philadelphia.

The largely increased patronage has necessitated extensive improvements, and it now has a capacity for the accommodation of 400 guests. Modern improvements and conveniences have been brought into requisition, with special regard to ensure the health, comfort and safety of all.

The House is furnished in the most luxurious manner throughout, has large rooms, en suite or single, with commodious closets and wardrobes, electric bells, elevators, steam heaters, hot and cold baths, gas, steam laundry, stand pipes with hose at various points on each floor.

All its appointments are first-class, and its cuisine and service second to none in the United States or elsewhere. The sanitary arrangements have been carefully planned and constructed. Resident physician, express, telegraph and post-office.

Pure soft mountain spring water in abundance. Tennis, croquet and archery grounds. Extensive lawns, handsomely laid out in walks, terrace, etc. Livery stable. Beautiful scenery in every direction. Well-graded roads and drives to Mt. Quirank, High Rock, Pen Mar, and other famous points of interest, which are in the immediate vicinity.

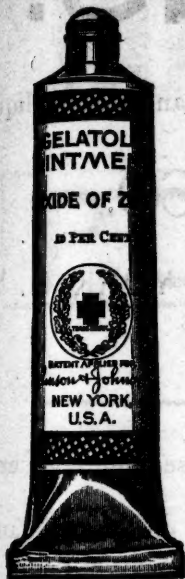
The table will be furnished with the best the city markets afford, and daily supplied with fresh vegetables from the fertile Cumberland Valley, and with fresh milk from the model dairy farm of Mr. G. S. Haines.

THE CARROLLTON,
BALTIMORE, MD.

The Blue Mountain Orchestra will
furnish music during the season.
Season, June 24 to September 30.

J. P. SHANNON,
MANAGER.

Improved Ointments.



In Collapsible Tubes only.
Not Greasy. Absorbable.



In Collapsible Tubes only,
With Nozzle.

Medicament carried to any
part of the body.

Perfectly bland, non-irritat-
ing base.

IMPROVEMENTS IN PHARMACY.

One of the recent advancements in the application
of remedies to the skin is the

IMPROVED OINTMENTS
KNOWN AS GELATOLE OINTMENTS.

The Gelatole base is more absorbable than lard or
any other base, is a solvent for the combined drug,
giving increased action with slight antiseptic and
detergent properties.

Water-soluble and will not smear or run or soil the
clothing.

When applied and dusted with starch or toilet
powder a dry, clean, protective film is formed over the
skin.

They make a complete dressing for any condition.
An effective mode of applying drugs externally.

Leading dermatologists have adopted them, giving
their highest endorsement.

Thousands of physicians have adopted them, for
office use and dispensing, the form of receptacle being
so much superior to any other method.

GELATOLE * * *
* * * EMULSION

For applying Medicaments to inflamed, denuded,
abraded, or membranous surfaces.

We have devised the perfectly bland and soothing
Gelatole Emulsion, in which we combine a full
line of such drugs as may be required.

They are put in collapsible tubes only, with a
nozzle, so that they may be applied to the eye, ear,
nasal organs, urethra, anus, uretus, etc.

Their action is most perfect. The method of using
is unsurpassed in point of convenience.

FOR TRIAL, WILL SEND AN AS-
SORTED CASE, CONTAINING
6 DOZEN, FOR \$12.00,
CHARGES PAID. ORDER
THROUGH JOBBER OR DIRECT.



Wooden Case for holding Ointments and Emulsions
convenient for dispensing.

LIST OF GELATOLE
OINTMENTS.

U. S. P. STANDARD.

Acid Boracic.
Acid Carbolic.
Acid Carbolic and Camphor.
Acid Pyrogallic.
Acid Salicylic.
Anthrabin.
Belladonna.
Blamuth, Sub. Iodide.
Blamuth Oxide.
Capsicum.
Cantharidal.
Copper Acetate.
Copper Sulphate.
Chrysarobin.
Creolin.
Creasote.
Crude Petroleum.
Eucalyptol.
Hydrastin.
Iodine.
Iodine Comp.
Iodoform.
Ichthyol.
Lead Oxide.
Menthol.
Mercury Ammoniated.
Mercury Biniodid.
Mercury Metallic.
Mercury Nitrate.
Mercury Red Oxide.
Mercury Yellow Oxide.
Naphthol.
Quinine.
Resorelin.
Resorelin and Zinc Oxide.
Sulphur.
Thapsia.
Tar.
Thymol.
Zinc Oxide.

LIST OF 'GELATOLE
EMULSIONS.

Atropia.
Borated.
Camphorated.
Carbolized.
Cocaine.
Glycerine 95 per cent.
Hydrastin.
Iodoform.
Lead (Oxide).
Lead Subacetate.
Mercury Yellow Oxide.
Menthol.
Morphia.
Opium and Zinc.
Opium and Lead.
Zinc Sulphate.
Witch Hazel.

Gelatole Emulsion
-OF-
GLYCERINE

Is more
Convenient
and
Superior to
Subpositories.

JOHNSON & JOHNSON, New York, U. S. A

—SYRUP OF FIGS—

—(SYR. FICI CAL.)—

In order to meet the almost universal demand for a safe, reliable and elegant liquid laxative, the

CALIFORNIA FIG SYRUP CO.,

OF

SAN FRANCISCO, CAL., - LOUISVILLE, KY., - NEW YORK, N. Y.,

is utilizing the delicious blue Fig of California in the preparation of

—SYRUP OF FIGS, —

an agreeable and effective laxative or purgative, according to the dose and manner of administration.

SYRUP OF FIGS is delightful to the taste, and may be taken by every one, from infancy to old age.

SYRUP OF FIGS does not debilitate, and is perfectly safe.

THE DOSE

As a purgative, for an adult, is from one-half to one tablespoonful, and may be repeated in six hours if required. As a laxative, one or two teaspoonfuls may be given at bed-time or before breakfast. For children the dose may be regulated according to age and desired effect.

SYRUP
—OF—
FIGS

Is recommended and prescribed by prominent physicians in all sections of the United States, and gives general satisfaction.

In addition to the blue Figs of California, we use the juice of true Alexandria Senna, representing the laxative and purgative principles without its griping properties, also pure white sugar and an excellent combination of carminative aromatics.

Devoting our entire attention to the manufacture of Syrup of Figs after a thorough study of the results to be accomplished and of the best methods to produce a perfect laxative, and with complete manufacturing facilities especially adapted to the purpose, we are enabled to offer to the medical profession, in Syrup of Figs, a laxative which, though simple in itself, has not been produced in all its excellence by other parties, and we believe and trust that physicians will not permit imitations to be used when they prescribe Syrup of Figs (Syr. Fici Cal.).

SYRUP OF FIGS

IS MANUFACTURED ONLY BY THE

California Fig Syrup Company,

OF

SAN FRANCISCO, CAL., - LOUISVILLE, KY., - NEW YORK, N. Y.

It is sold to the drug trade in bottles of two sizes only: the smaller bottles containing full four ounces and the large size about ten ounces.

NEW YORK

POLYCLINIC

AND
HOSPITAL.

A Clinical School for Graduates in Medicine and Surgery.

DIRECTORS.

PROF. FORDYCE BARKER, M.D., LL.D.
 THOMAS ADDIS EMMET, M.D., LL.D.
 PROF. T. GAILLARD THOMAS, M.D.
 PROF. ALFRED L. LOOMIS, M.D., LL.D.
 LEONARD WEBBER, M.D.
 HON. EVERETT P. WHEELER.

H. DORMITZER, Esq.
 JULIUS HAMMERSLAUGH, Esq.
 HON. B. F. TRACY.
 CHARLES COUDERT, Esq.
 REV. THOMAS ARMITAGE, D.D.
 W. A. BUTLER, Esq.

WILLIAM T. WARDWELL, Esq.
 GEORGE B. GRINNELL, Esq.
 HON. HORACE RUSSELL.
 FRANCIS R. RIVES, Esq.
 SAMUEL RIKER, Esq.

FACULTY.

JAMES E. LEAMING, M.D., Emeritus-Professor of Diseases of the Chest and Physical Diagnosis; Special Consulting Physician in Chest Diseases to St. Luke's Hospital.
 EDWARD B. BRONSON, M.D., Professor of Dermatology; Visiting Dermatologist to the Charity Hospital; Consulting Dermatologist to Bellevue Hospital (Out-door-Department).
 A. G. GERSTER, M.D., Professor of Surgery; Visiting Surgeon to the German and Mt. Sinai Hospitals.
 V. P. GIBNEY, M.D., Professor of Orthopaedic Surgery; Orthopaedic Surgeon to the Nursery and Child's Hospital; Surgeon-in-Chief to the Hospital for Ruptured and Crippled.
 LEONARD CARTER GRAY, M.D., Professor of Diseases of the Mind and Nervous System; Attending Physician to Hospital for Nervous and Mental Diseases, and to St. Mary's Hospital.
 EMIL GRUENING, M.D., Professor of Ophthalmology; Visiting Ophthalmologist to Mt. Sinai Hospital, and to the German Hospital.
 PAUL F. MUNDE, M.D., Professor of Gynecology; Gynecologist to Mt. Sinai Hospital; Consulting Gynecologist to St. Elizabeth's Hospital.
 A. E. ROBINSON, M.B., LL.D., F.R.C.P. and B. (Edin.), Professor of Dermatology; Professor of Normal and Pathological Histology in the Women's Medical College.
 DAVID WEBSTER, M.D., Professor of Ophthalmology; Surgeon to the Manhattan Eye and Ear Hospital.
 JOHN A. WYETH, M.D., Professor of Surgery; Visiting Surgeon to Mt. Sinai Hospital; Consulting Surgeon to St. Elizabeth's Hospital; Secretary of the Faculty.
 W. GILL WYLLIE, M.D., Professor of Gynecology; Gynecologist to Bellevue Hospital; President of the Faculty.
 Z. C. M. PAGE, M.D., Professor of General Medicine and Diseases of the Chest; Physician to St. Elizabeth's Hospital; Attending Physician to the Northwestern Dispensary, Department of Chest Diseases.

D. BRYSON DELAVAN, M.D., Professor of Laryngology and Rhinology; Laryngologist to the Demilt Dispensary.
 JOSEPH WILLIAM GLITSMANN, M.D., Professor of Laryngology and Rhinology; Laryngologist and Otologist to the German Dispensary.
 OREN D. POMEROY, M.D., Professor of Otology; Surgeon Manhattan Eye and Ear Hospital; Ophthalmic Surgeon New York Infants' Asylum, and Consulting Surgeon to the Paterson Eye and Ear Infirmary.
 HENRY N. HEINEMAN, M.D., Professor of General Medicine and Diseases of the Chest; Attending Physician to Mt. Sinai Hospital.
 THOMAS R. POOLEY, M.D., Professor of Ophthalmology; Surgeon-in-Chief of the New Amsterdam Eye and Ear Hospital; Ophthalmic Surgeon to the Sheltering Arms; Consulting Ophthalmologist to St. Bartholomew's Hospital.
 B. SACHS, M.D., Professor of Neurology; Consulting Neurologist to the Montefiore Home for Chronic Invalids.
 L. HEMMETT HOLT, M.D., Professor of Diseases of Children; Visiting Physician to the New York Infant Asylum; Consulting Physician to the Hospital for Ruptured and Crippled.
 AUGUST SEIBERT, M.D., Professor of Diseases of Children; Physician to the Children's Department of the German Dispensary.
 H. MARION SIMS, M.D., Professor of Gynecology; Gynecologist to St. Elizabeth's Hospital and New York Infant Asylum.
 WILLIAM F. FLUHRER, M.D., Professor of Genito-Urinary Surgery Surgeon to Mt. Sinai and Bellevue Hospitals.
 HENRY C. COE, M.D., M.R.C.S. (Eng.), Professor of Gynecology; Attending Surgeon to New York Cancer Hospital; Assistant Surgeon to Woman's Hospital; Obstetric Surgeon to Maternity Hospital; Obstetrician to New York Infant Asylum; Gynecologist to Presbyterian Hospital (Out-door-Department).

REGULAR SESSION OF 1890-91, OPENED SEPTEMBER 15, 1890.

For further information
 and for catalogue, address

JOHN A. WYETH, M.D., Secretary of the Faculty

Dr. WILLIS O. DAVIS, Clerk, 214, 216 and 218 East 94th St., New York City.

TO THE MEDICAL FACULTY.

We beg to call your attention to a new preparation of COD LIVER OIL, called **OLEO-CHYLE**.

FORMULA OF OLEO-CHYLE,

Peptonized Cod Liver Oil.....85 Min.
Pancreatine.....2 Grs.
Water.....25 Min.

Oleic Hypophosphites.....5 Grs.
Sodium Hyocholate.....4 Grs.
MIX.

DOSE: Two teaspoonfuls thrice daily at meal times. It is preferable to take **OLEO-CHYLE** in milk.

OLEO-CHYLE is an admixture of Cod Liver Oil with Pepsin and Pancreatine; it is Pure Norwegian Cod Liver Oil, perfectly digested with both Pepsin and Pancreatine in exactly the same manner and consuming about the same length of time under the same conditions as to temperature etc., as oil would be subjected to by the human stomach and duodenum before being presented to the lacteals for absorption into the blood.

OLEO-CHYLE contains 70 per cent. of Pure "Lafoten" Norwegian Cod Liver Oil (which is a quality of oil containing the most iodine, as well as the richest in fat-producing and life-sustaining elements) which amount it is impossible to suspend artificially in any Emulsion.

OLEO-CHYLE contains the Hypophosphites combined with Oleic Acid in such form that they do not interfere with the digestion of the patient; in fact, physicians will find Oleo-Chyle to be

A DIGESTIVE AGENT IN ITSELF, it can therefore produce no eructation or nausea, and is pleasant to the taste.

OLEO-CHYLE is now in use by a large number of the Medical Profession, who, on trial of its merits, prefer it to Cod Liver Oil in any other form.

Any physician who has not received a sample of **OLEO-CHYLE** to test its merits will please apply to The

Geo. W. Laird Co., who will furnish one free of expense, also book containing several hundred letters from Physicians endorsing **OLEO-CHYLE** in preference to any other preparation of Cod Liver Oil.



THE GEO. W. LAIRD CO., 247 Pearl Street, New York.

We Want to Save You Money!

And this is how we can do it:

By inducing you to subscribe for other journals, either lay or medical, through us.

EVERY DOCTOR finds it advantageous to have a few good magazines or periodicals on his waiting-room table, and also likes to have the scientific cobwebs occasionally dusted out of his brain, by light reading. Take for instance Harper's Magazine and Weekly, Scribner's, The Century, The Cosmopolitan, and scores of others; you surely subscribe to one or more. Let us know what you want, including, OF COURSE, The Times and Register, and we will show you how we can save several dollars for you.

Every dollar saved is a dollar gained, and we are sure you will appreciate this offer.

ADDRESS,

SUBSCRIPTION DEPARTMENT, Medical Press Co., Limited, 1725 Arch St., Phila.

GRIFFITH & CO.'S COMPOUND MIXTURE OF GUAIAC, STILLINGIA, ETC.

After six years of thorough trial, is now considered the standard remedy

FOR ACUTE AND CHRONIC RHEUMATISM, GOUT, LUMBAGO, NEURALGIA, AND KINDRED COMPLAINTS.

TO PHYSICIANS.—Gentlemen: We would respectfully draw your attention to our Compound Mixture of Guaiac, Stillingia, etc. This is not a new preparation, but has been in constant use by many prominent practitioners of medicine for several years, and its beneficial results in the treatment of the diseases indicated, including Syphilitic troubles, have been fully established.

When ordering this preparation, in order to avoid delay or misunderstanding, physicians will please specify "GRIFFITH & CO.'S" or physicians in the city can send their patients direct to our pharmacies, at No. 67 Third Ave., cor. 11th St., or 2241 Third Ave., cor. 122d St., New York, where, at any time, further information will be cheerfully furnished. Out of town physicians can order through their druggists or direct from us.

We have hundreds of testimonials from prominent physicians who have prescribed and personally used this mixture. It is manufactured for PHYSICIANS' PRESCRIPTIONS only. Always specify GRIFFITH & Co.'s. If you have an obstinate case of Rheumatism under treatment, inclose one dollar and receive, by express, a regular size bottle, or we will send, upon request, a sample bottle, providing you will pay express charges. Wholesale Price List—8-ounce size, \$10.50 per dozen; 16 ounce size, \$20.00 per dozen. In lots of one dozen and upwards, we prepay express charges to any point east of the Rocky Mountains. (Do not overlook this offer, for you may be pleased, and possibly surprised at the result, for the general verdict of the profession is that if this remedy fails to act it is a difficult matter to find something that will.)

P. S.—The advertising of this article is confined strictly to Medical Journals

Very respectfully,

GRIFFITH & CO., CHEMISTS AND PHARMACISTS, { 67 Third Ave., cor. 11th St., NEW YORK.
2241 Third Ave., cor. 122d St.,

Carried in stock by the principal Wholesale Druggists in the U. S.

THE CARL L. JENSEN "CRYSTAL" PEPSIN

WILL CONTINUE TO BE PRESCRIBED.

WHY?

BECAUSE 1ST. JENSEN'S PEPSIN being the original scale or crystal form, is the oldest, and therefore has lived through the severest tests, both chemical and clinical, and

2D. It stands to-day without a successful rival in the essential points of a perfect Pepsin.

3D. It is quickly soluble in water without addition of any acid, and therefore instantly begins its work in the stomach—a very important quality in critical cases.

4TH. Being soluble it can be administered in solution with other soluble compatible remedies.

5TH. The alleged superiority as to keeping qualities of their pepsins, pointed out by would-be-rivals, exist only in print—some who claim their pepsins to be non-hygroscopic and odorless, do not adhere to statements of facts.

6TH. JENSEN'S PEPSIN is entitled to its well-earned reputation—established by actual and long use and not by florid advertisements.

7TH. It never loses its digestive power under ordinary care.

8TH. Its high standard never varies.

9TH. JENSEN'S PEPSIN will continue to be the leading pepsin, as it always has been.

Samples promptly forwarded Postpaid.

CARL L. JENSEN COMPANY,
100 MAIDEN LANE, - - - NEW YORK.



The BEST WINTER HOME for Invalids in the Northern States.

THE BATTLE CREEK SANITARIUM,

Located at Battle Creek, Mich.

This is not a hospital, an invalids' home, a mineral spring establishment, or a health resort; but a scientific medical establishment in which are combined the advantages of the best sanitary conditions, a steady but not extremely cold winter climate, Baths, Electricity, Massage, Movements; and all the physiological remedies in every form, with all other approved remedial arrangements, Classified Dietaries, Gymnastic Training, careful supervision. Well trained and experienced Physicians. Skilled Attendants and Nurses. Incurable cases not received.

THE SANITARIUM HOSPITAL offers to surgical cases, especially in gynecological surgery, advantages which are unexcelled in this country. 10,000 cubic feet of air per hour for each patient. Skilled nurses, experienced surgeons, aseptic wards, and thoroughly aseptic methods in operations. Unexcelled success. Private room and nurse for each patient, the comforts of home, with hospital and sanitarium advantages.

EXPENSES, \$12 to \$30 a week.

For descriptive circular and further particulars, address

SANITARIUM

or J. H. KELLOGG, M.D., SUPT., Battle Creek, Mich.

RHEUMATISM.

The experience of physicians shows how unamenable to treatment rheumatism is. Cholagogues, alteratives, alkalies, antipyretics, analgesics, mineral waters, topical applications, baths, massage and dietetics are sometimes resorted to in vain. Among the newer remedies we would commend to physicians for trial are the following:

ELIXIR OF MANACA AND THE SALICYLATES OF SODIUM, POTASSIUM, AND LITHIUM. In its native country, Brazil, Manaca is regarded as a specific for rheumatic affections, as the salicylates are regarded here.

CHAULMOOGRA OIL has been largely used externally in rheumatism, gout and neuralgia, and can be advantageously administered internally in capsules.

OLEATES OF VERATRINE, MORPHINE OR COCAINE used by inunction make an eligible method of external treatment of rheumatism.

OIL OF WINTERGREEN in soluble elastic capsules forms a most convenient method of administering this valuable remedy in acute rheumatism.

CASCARA SAGRADA combined with an alterative often affords prompt relief, as in the following formula:

R Ext. Cascara Sagrada fl..... $\frac{3}{4}$ j.
Syr. Trifolium Comp..... q. s. ad. $\frac{3}{4}$ viij.
Sig.—Dessertspoonful three times a day.

Descriptive literature of our products sent to physicians on request.

PARKE, DAVIS & CO.,

DETROIT AND NEW YORK